

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Stillborn *Anderson*
Ruxton ^{Town} *Balto.* ^{County}

MARYLAND

Date

of death 190

Month

April

Day

4

Years

Age *Stillborn*

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ruxton

Occupation

Where Residing if not
at place of death

Ruxton

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

W. G. Anderson

Father's
Birthplace

Balto. Co

Mother's
Maiden Name

H. C. Anderson

Mother's
Birthplace

Balto. Co

Name of person giving
In formation

W. G. Anderson

How related
to deceased

Father

CAUSES OF DEATH

Primary

(8)

How long

✓

Immediate

Asphyxia

How long

✓

Are the name, age, sex, color, date
and place correctly given above?

✓

Signature of
Physician

W. L. Smith

Address

*Rider,
Md.*

Accident or Suicide?

✓

PHYSICIAN
OR CORONER

John Burns Son
Louson

Prospect Hill Cem.
Louson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

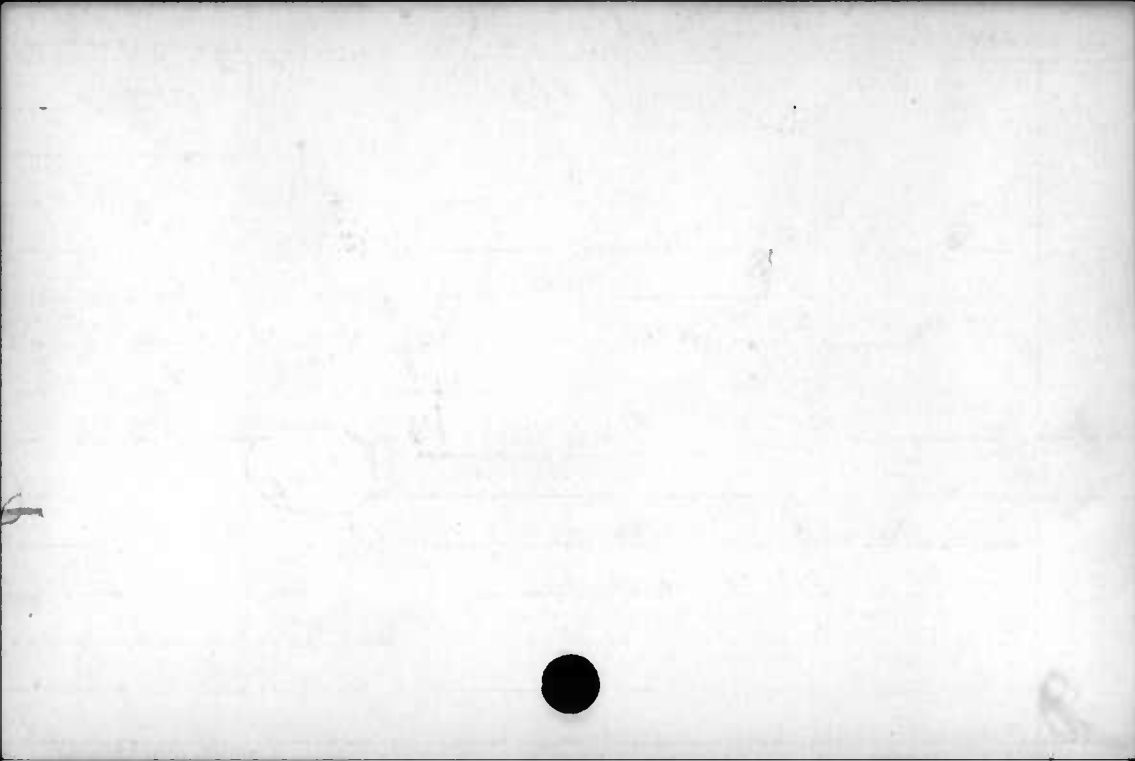
Died at <i>Wk Hope Retreat</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Apr</i> ^{Month} <i>30</i> ^{Day} <i>11</i> ^{Years}	Age <i>72</i>	<i>unknown</i> ^{Months} <i>unknown</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>unknown</i>	
Occupation <i>Wife of merchant</i>	Where Residing if not at place of death <i>Baltimore Md.</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>unknown</i>		
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reed, Mt Hope</i>	How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic Epithelium over 18 yrs</i>	How long <i>17 yrs</i>
Immediate <i>Ex. Pul. Congest.</i>	How long <i>abt 3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Mt Hope Retreat Baltimore Co - Md.</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

Ann Elizabeth Bennett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Washington		County Balto.		MARYLAND			
Date of death		1907	Month April	Day 1	Age 77	Years	Months 10	Days	
Sex		Female		Color or Race		White		Birth- place	Balto. Md.
Occupation				Where Residing if not at place of death					
Housewife									
Married, Single or Widowed		Widow		Name of Wife or Husband		Geo. W. Bennett.			
Father's Name		Wm. Q. Grigge				Father's Birthplace		St. Mary's Md.	
Mother's Maiden Name		Mary Ann Curtain				Mother's Birthplace		Balt. Md.	
Name of person giving Information		Wm. F. Bennett				How related to deceased		Son.	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Stenosis	How long	4 years
Immediate	Cardiac Dropsy	How long	12 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. B. Giles, M.D.	
Address		Forest Park.	
Accident or Suicide?			

Undertaker
John A. Baiger
Jesse M. Amz

Name
in
Full

Walter Bellingsley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lanhamville</u> Town		<u>Baltimore</u> County		MD		MARYLAND			
Date of death 190	<u>7</u> Month	<u>April</u>	Day	<u>18</u>	Age	<u>24</u>	Years	<u>1</u> Months	<u>21</u> Days
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place	<u>Md</u>		
Married, Single or Widowed	<u>Married</u>			Occupation	<u>Clerk</u>				
Name of Wife or Husband	<u>Lydia C Bellingsley</u>								
Father's Name	<u>William A Bellingsley</u>					Father's Birthplace	<u>Md.</u>		
Mother's Maiden Name	<u>Ella</u>					Mother's Birthplace	<u>Md.</u>		
Name of person giving information	<u>Wife</u>					How related to deceased	<u>wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis Pulmonary</u>	How long	<u>27</u>
Immediate	<u>Exhaustion</u>	How long	<u>10. months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Hyouny Westbrook M.D.</u>	
		Address	
		<u>237 4th Ave</u>	
		<u>Baltimore Md.</u>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

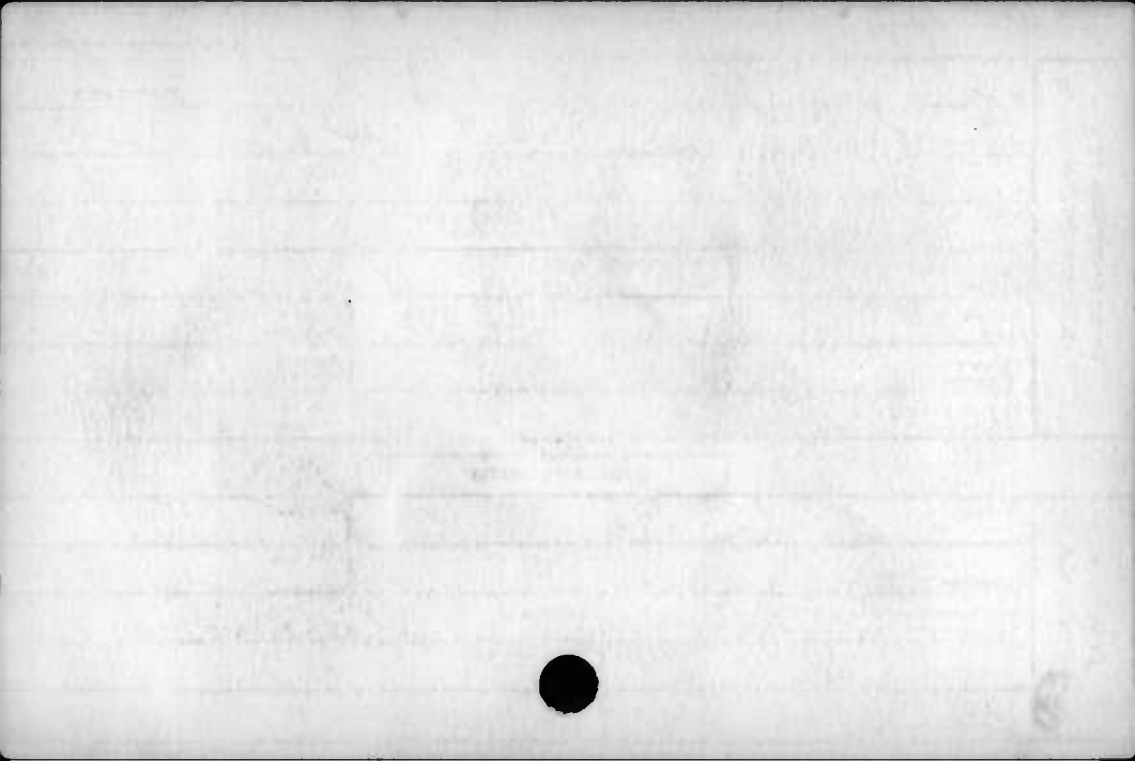
Died at <i>Batonsville</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Apr</i>	Day <i>29</i>	Age <i>47</i> Years	Months <i>2</i> Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Labner</i>			Where Residing if not at place of death <i>Batonsville Md</i>		
Married, <i>Single</i> or Widowed			Name of Wife or Husband <i>Annie C Walter</i>		
Father's Name <i>Christian Blomeier</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Eva Blomeier</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mr Walter Smalwood</i>			How related to deceased <i>Wife Sister</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Tubal Nephritis</i>	How long	<i>About 6 mo</i>
Immediate	<i>General Arteriosclerosis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. M. Stutz M.D.</i>	
		Address <i>Batonsville Md.</i>	
Accident or Suicide?			



Name
in
Full

Geo. B. Battie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lowson Town Bolton County MARYLAND

Date of death 1907 April Month 10 Day Age — Years — Months — Days 10

Sex Male Color or Race Col Birth-place Ind

Occupation — Where Residing (not at place of death) —

☒ Married, Single
or Widow

☒ Name of
Husband

Father's
Name

Geo. Battie

Father's
Birthplace

Ind

Mother's
Maiden Name

Lara Johnson

Mother's
Birthplace

Ind

Name of person giving
Information

Wm Johnson

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Long standing debility

How long

10 days

Immediate

Cardiac Asthenia

How long

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. B. et al. Owen
Lowson Md

Accident or Suicide?

Permit given to
Thomas Watters colored
to bury in Sandy
Bottom Colored Cemetery

Name in Full William H. Bryan Jr.		Town Baeto		County Baeto		CERTIFICATE OF DEATH	
Died at 215 Blue Road		Roland Park		Baeto.		— MARYLAND	
Date of death 1907 April 28		Month 7		Day 28		Age 1	
Sex male		Color or Race white		Birthplace Baeto Co.		Months 1	
Occupation —		Where Residing if not at place of death 215 Blue Road		Days 25			
Married, Single or Widowed single		Name of Wife or Husband —		Father's Birthplace md.		Mother's Birthplace Baeto md	
Father's Name Wm. H. Bryan Jr.		Mother's Maiden Name Mary Patterson		Name of person giving information Mrs. H. Bryan		How related to deceased Father	
CAUSES OF DEATH							
Primary meningitis		(61)		How long 2 days		Immediate Heart exhaustion	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Henry B. Thomas		Address 1007 Cathedral St		How long a few hours	
Accident or Suicide? 8							

E. W. Mitchell

1201 W. Fayette St

Balt Md

For burial at
Cambridge Md

Name
in
Full

Henry Eugene Campbell.

CERTIFICATE OF DEATH

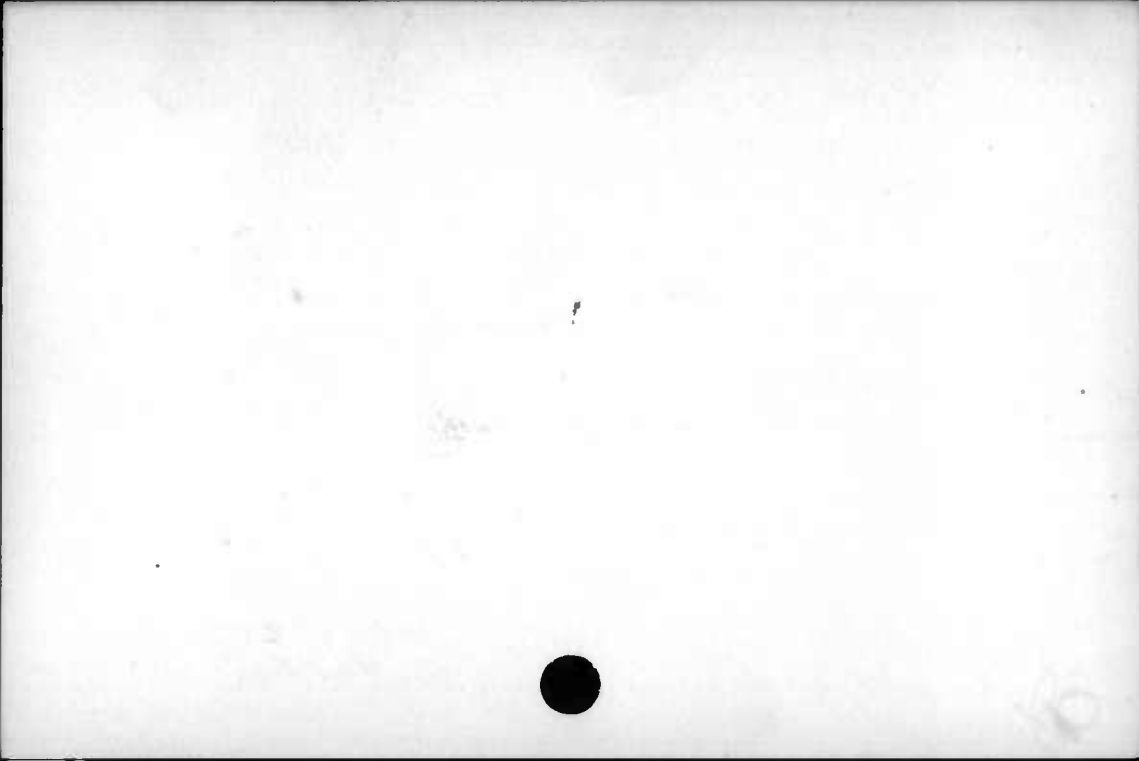
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Apr</i>	Day <i>29</i>	Age <i>52</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Balto</i>			
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>219 Prospect Ave</i>					
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>Ida Lee Campbell</i>					
Father's Name <i>Michael Campbell</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Eliza Towson</i>		Mother's Birthplace <i>Balto</i>					
Name of person giving information <i>Mrs H N. House</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

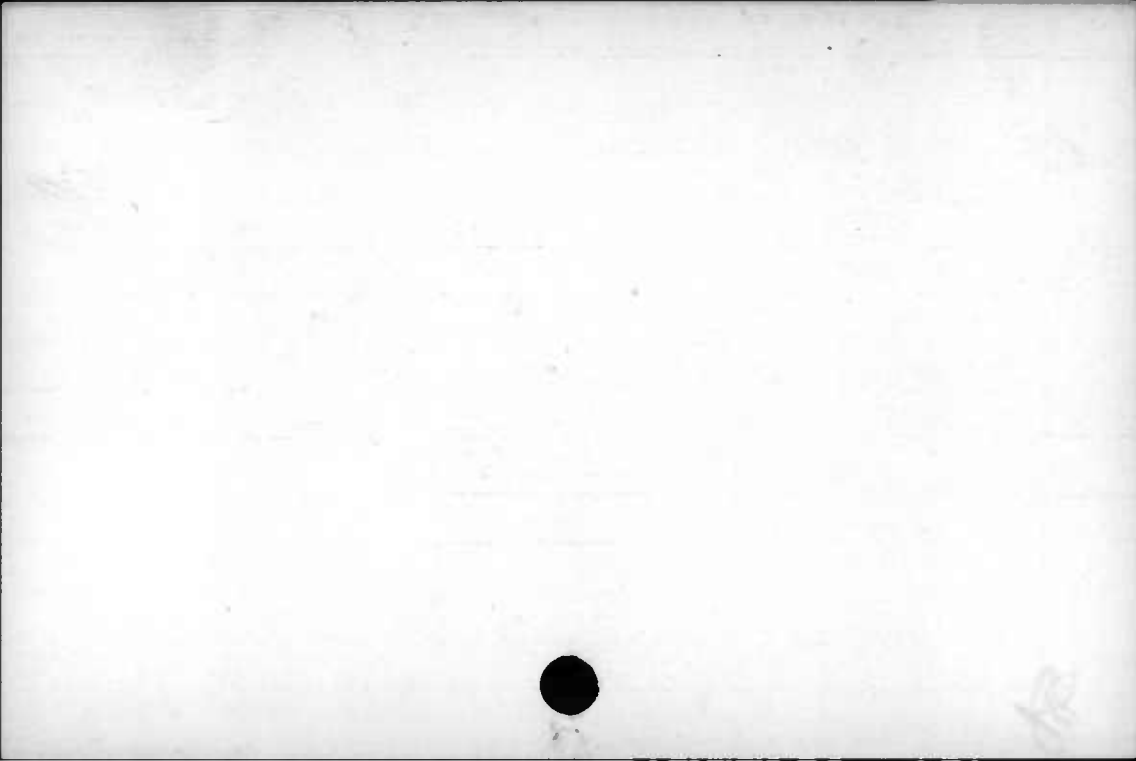
PHYSICIAN
OR CORONER

Primary <i>Osteo Myelitis</i>	How long <i>4 mos.</i>
Immediate <i>Sepsis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Shaw</i>
	Address <i>St Agnes Hospital</i>
Accident or Suicide? <i>No</i>	



Name in Full		Florence Marion Charles				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Winters</i>		County <i>Bald</i>		MARYLAND
	Date of death	1907	Month <i>April</i>	Day <i>8</i>	Age <i>7</i>	Months <i>4</i>	Days <i>26</i>
	Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place <i>Ind.</i>
	Occupation	<i>ch</i>		Where Residing if not at place of death			
	Married, Single or Widowed	<i>-</i>		Name of Wife or Husband			
	Father's Name	<i>Home W. Charles</i>				Father's Birthplace	<i>Ind</i>
	Mother's Maiden Name	<i>Mary Charles</i>				Mother's Birthplace	<i>Ind</i>
Name of person giving information						How related to deceased	<i>-</i>
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Burn of Body Arms & Legs</i>				How long
	Immediate		<i>Shock</i>				How long <i>36 hrs</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>y</i>		Signature of Physician <i>John W. Harrison</i>		Address <i>Snicker Road Ind</i>
	Accident or Suicide?		<i>Ind</i>				

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Name
in
Full

Rose E. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

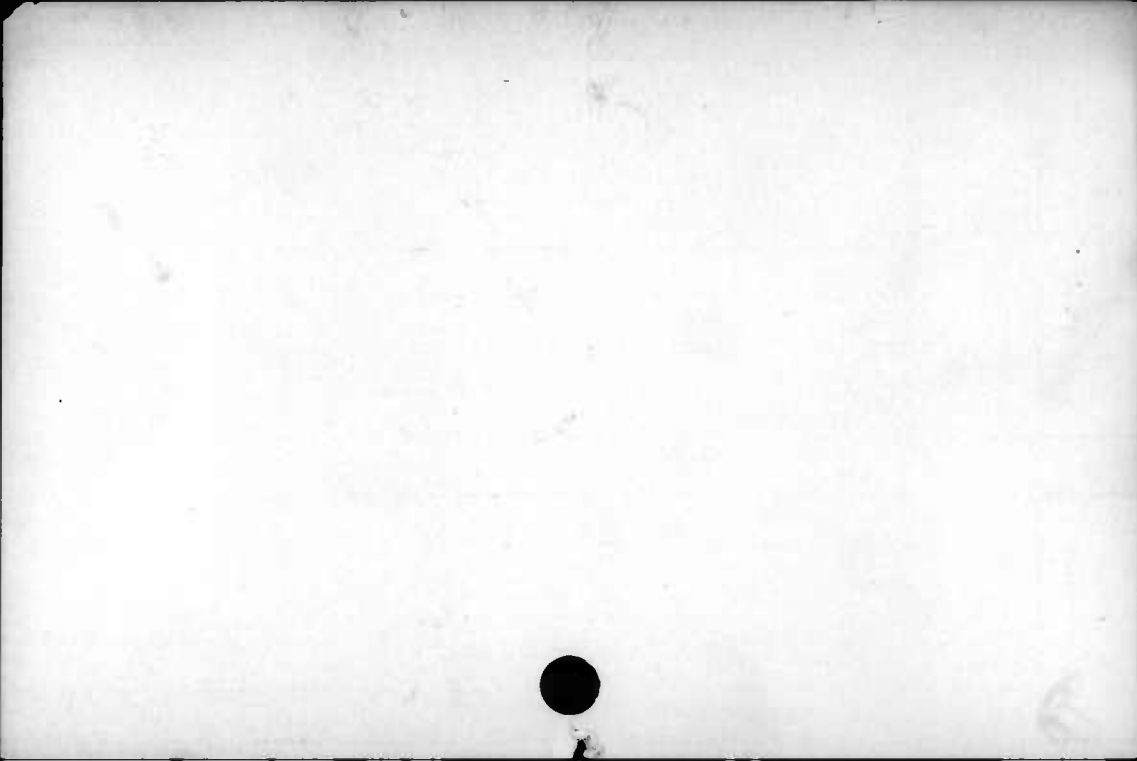
Died at		Town Woodensburg		County Balt -		MARYLAND	
Date of death		1907	Month 4	Day 9	Age	Years 28	Months 9
						Days 6	
Sex		Female		Color or Race		white	
Occupation		Seminatress		Birth-place		Ind	
Where Residing if not at place of death				—			
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		John Clark		Father's Birthplace			
Mother's Maiden Name		Sarah R. Rork		Mother's Birthplace			
Name of person giving information		Joseph Clark		How related to deceased			
				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<p>Intercularis of Lungs</p> <p>Two years</p>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Jaatt Wilson
	Address
	Fewblesburg
Accident or Suicide?	

27



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyland</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i> ^{Month}		<i>4</i> ^{Day}	Age <i>64</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>1209 Hyland ave</i>			
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband <i>Mary Anne Clarke</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Not known</i>	Name of person giving information <i>James Clarke</i>		How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

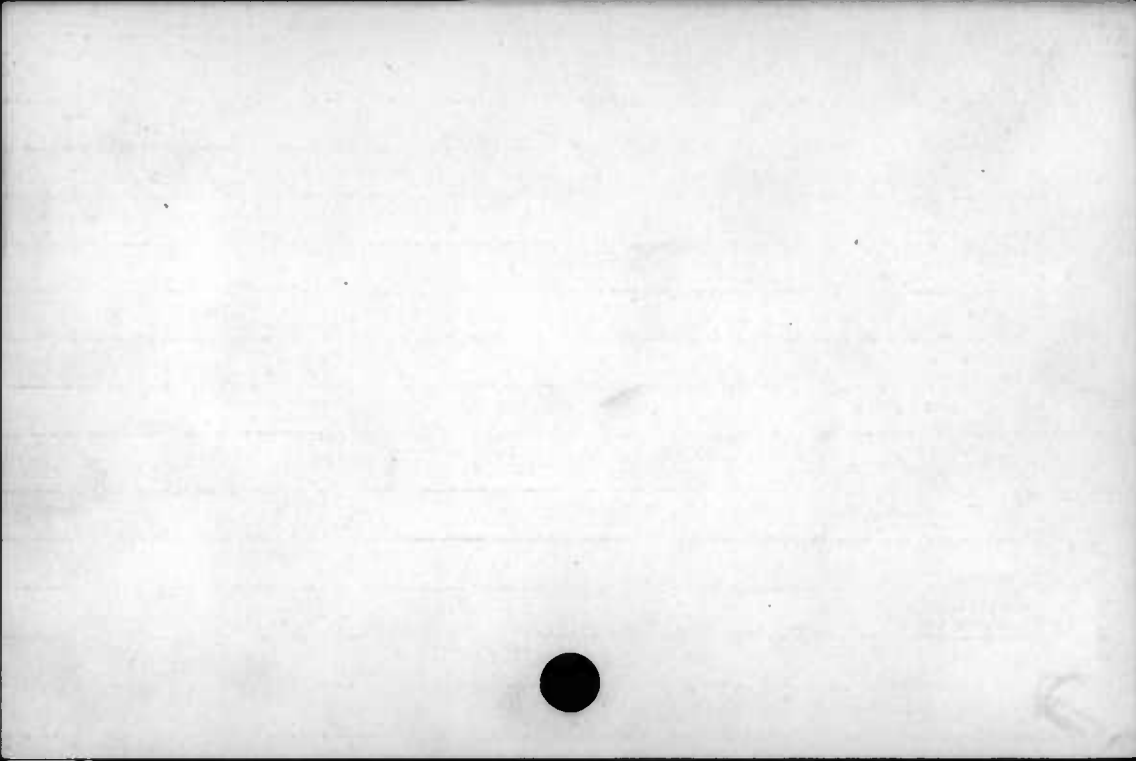
PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>1 month</i>
Immediate <i>Exhaustion Paralysis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Maynard</i>
<i>NO</i>	Address <i>3 and 1/2 Hyland Hyland</i>
Accident or Suicide? <i>NO</i>	<i>Hyland</i>

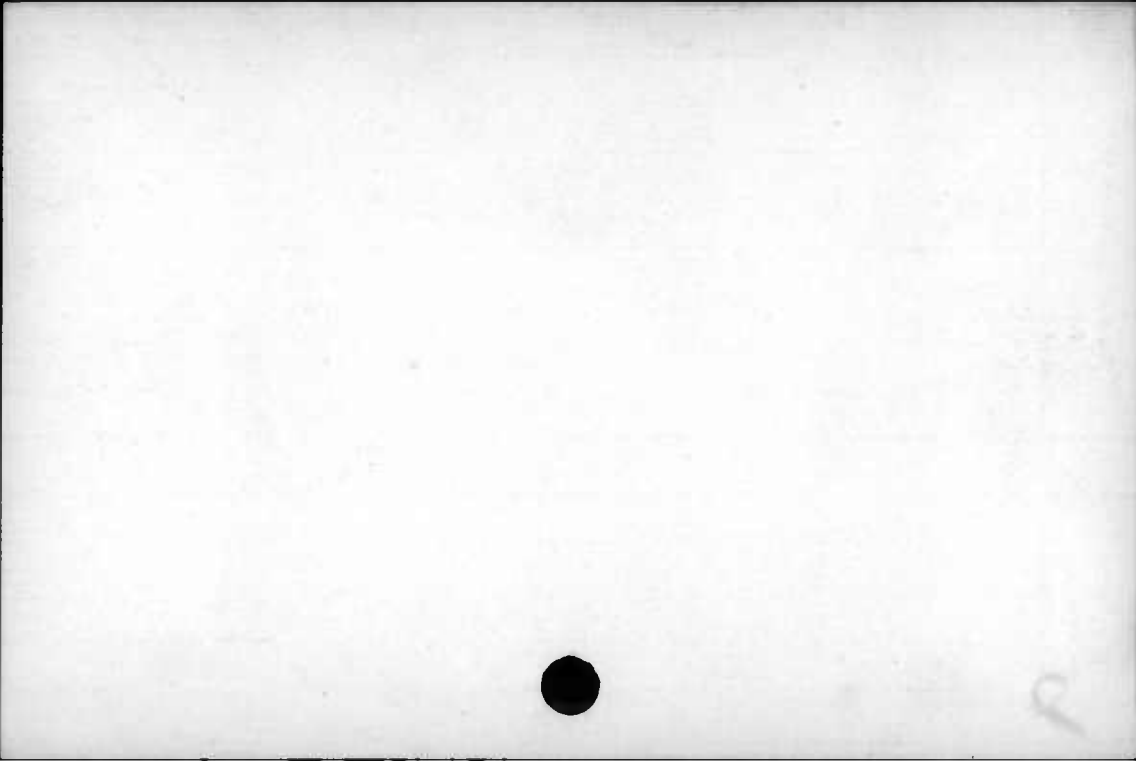
William's Camel
St Vincent's Term

Name in Full		Robert A. Bloman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Pimlico		Baltimore		Maryland		
		Date of death		Month	Day	Years	Months	Days
		1907		April	8th	56	3	27
		Sex		Color or Race		Birth-place		
		Male		White		Harford Co.		
		Occupation		Where Residing if not at place of death				
Carpenter		19 Kossuth St., Balto.						
Married, Single or Widowed		Name of Wife						
Married		Husband		Annie Bloman				
Father's Name		Father's Birthplace						
Robt. Nathaniel Bloman		Harford Co.						
Mother's Maiden Name		Mother's Birthplace						
Annie Guyton		Kingsville						
Name of person giving information		How related to deceased						
William E. Bloman		Son						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Accidental fall				Sudden		
		Immediate				How long		
		Shock				Immediate		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician or Coroner		
Yes.				Address				
				Arlington				
Accident or Suicide?				Balto. Co., Md.				
Accident								

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Name in Full		Catherine Cobern				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Back River		County Baets		MARYLAND	
	Date of death	1907	Month 4	Day 28	Age 59	Months 11	Days —
	Sex	Female		Color or Race	Colored		
	Occupation	Housework		Where Residing if not at place of death	—		
	Married, Single or Widowed	Married		Name of Wife or Husband	John B. Coburn		
	Father's Name	William Willis		Father's Birthplace	unknown		
	Mother's Maiden Name	unknown		Mother's Birthplace	unknown		
	Name of person giving information	John B. Coburn		How related to deceased	wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia			How long	7 days	
	Immediate	Heart Failure			How long	—	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Dr. J. A. Schatz	
					Address	41 East 2nd St.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


Died at <i>Roland Park</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>April</i> ^{Month}	<i>3</i> ^{Day}	Age <i>Still</i> ^{Years}	<i>Born</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Roland Park</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Rob't bole</i>			Father's Birthplace <i>America</i>		
Mother's Maiden Name <i>Mrs Sarah bole</i>			Mother's Birthplace <i>America</i>		
Name of person giving information			How related to deceased		

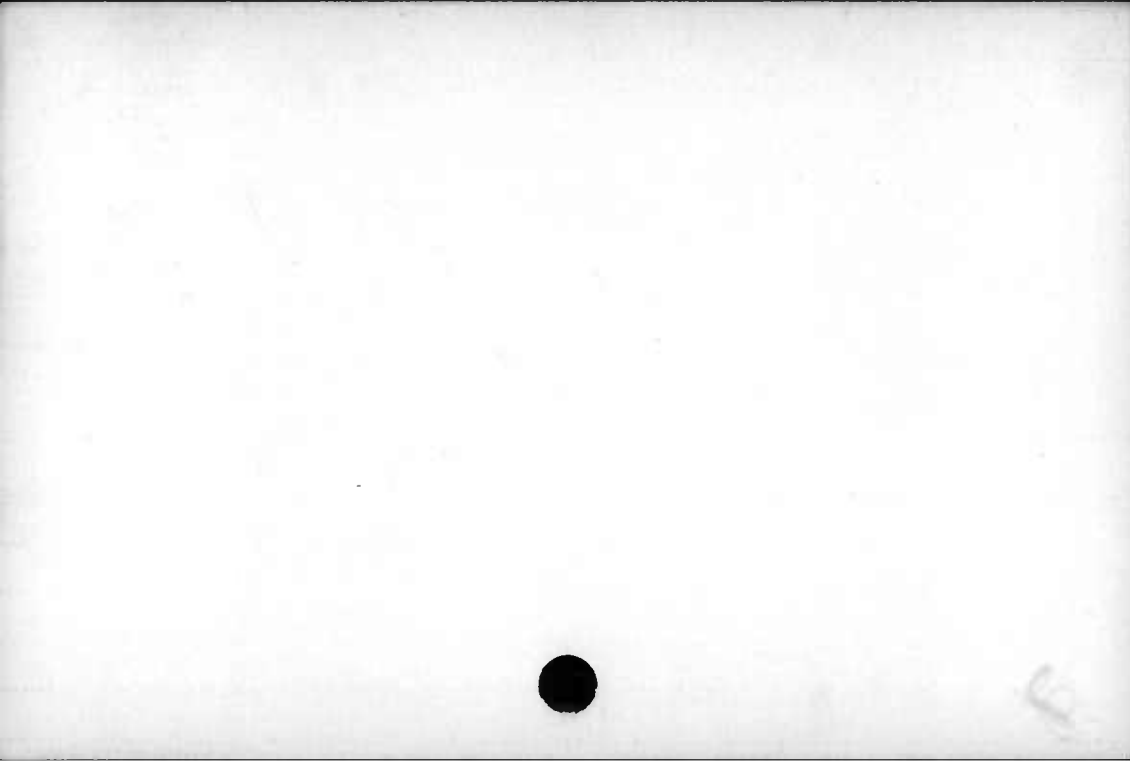
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. S. Bassell</i>	
<i>Obtained from City blank</i>	Address <i>2 W 25th St</i>	
Accident or Suicide?		



Name in Full		Catherine Arnette Cook				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at	Calverville		Baltimore		MARYLAND						
	Date of death	1907	Month	April	Day	10	Age	Years	Months	Days	17	
	Sex	Female		Color or Race	Coloured		Birth-place	Baltimore				
	Occupation						Where Residing if not at place of death					
	Married, Single or Widowed	Single		Name of Wife or Husband								
	Father's Name	John W. Cook					Father's Birthplace	Carroll Co. Md.				
	Mother's Maiden Name	Francis Dorsey					Mother's Birthplace	Howard Co. Md.				
Name of person giving information	Mrs J. W. Cook					How related to deceased	Mother					
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary	Premature Birth.					How long	{ 17 days,				
	Immediate	Asthemia					How long					
	Are the name, age, sex, color, date and place correctly given above?					Yes	Signature of Physician					
							Address					
Accident or Suicide?					<div style="text-align: center;">  </div>							



Name
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CERTIFICATE OF DEATH

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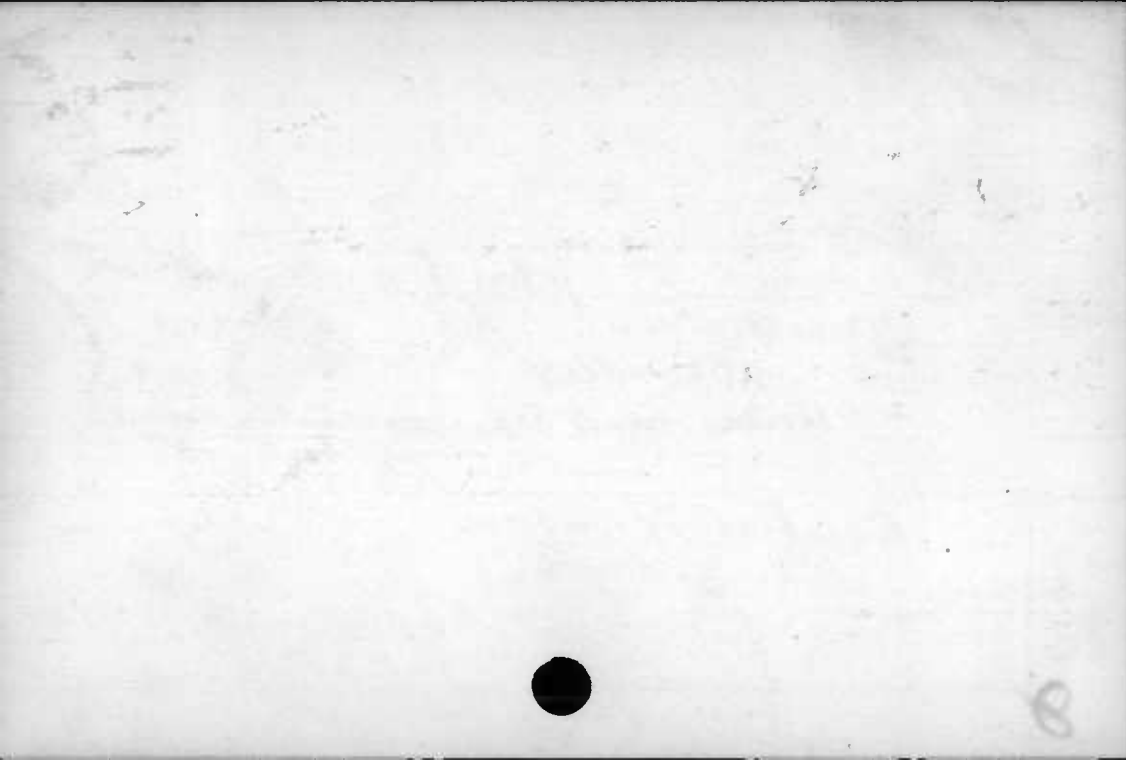
Died at <i>near Ayres Mills</i>		Town <i>Balt Co</i>		County		MARYLAND	
Date of death <i>1907 Apr 12</i>		Month <i>Apr</i>		Day <i>12</i>		Age <i>15</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Balt Co Md</i>		Months <i>—</i>	
Occupation <i>Home</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		—	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Balt Co Md</i>		Mother's Birthplace <i>—</i>	
Father's Name <i>Jesse Cook</i>		Mother's Maiden Name <i>Anand A Howell</i>		How related to deceased <i>Father</i>		—	
Name of person giving information <i>Jesse Cook</i>		—		—		—	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>—</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm J Buppert</i>
Address <i>Roslyn Balt Co Md</i>	—
Accident or Suicide?	—



Name
in
Full

Mrs Esther Elanor. Bullimore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Calverton		Baltimore		County		MARYLAND	
Date of death		1907	Month	April	Day	14	Age	Years	73
								Months	8
								Days	24
Sex		Female		Color or Race		White		Birth-place	
								Wicomico Co Md	
Occupation		None		Where Residing if not at place of death		311 N Broadway		Baltimore Md	
Married, Single or Widowed		Widowed		Name of Wife or Husband		John T. Bullimore			
Father's Name		Cyrus Nelson		Father's Birthplace		Md			
Mother's Maiden Name		— Chandler		Mother's Birthplace		Virginia			
Name of person giving information		Annie Grace Schuster		How related to deceased		Daughter			

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary	Cerebral Thrombosis	How long	2 1/2 months
Immediate	Coma + Exhaustion	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. M. Matfeldt	
Address		Calverton Md	
Accident or Suicide?		—	

Aug 21 33

Stewart & Mowen

Greenmount.

Name
in
Full

Daniel Cullington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Groans.</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>23.</i>	Age <i>70.</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Liverpool. Eng.</i>				
Occupation <i>Cigar maker</i>			Where Residing if not at place of death <i>Reedy near Willow & Grove</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Laura. Cullington.</i>						
Father's Name <i>Henry Cullington</i>			Father's Birthplace <i>England.</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>S. C. Colter</i>			How related to deceased <i>Son.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks.</i>
Immediate <i>Aortic Insufficiency</i>	How long <i>4 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. C. H. M. D.</i>
	Address <i>Sta. H. Groans. Balto Md.</i>
Accident or Suicide?	

93

Subsequent in
London Park
Apr 25/67
Your Cook
502 E. 77th Ave

Name
in
Full

Melvin S. Curry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

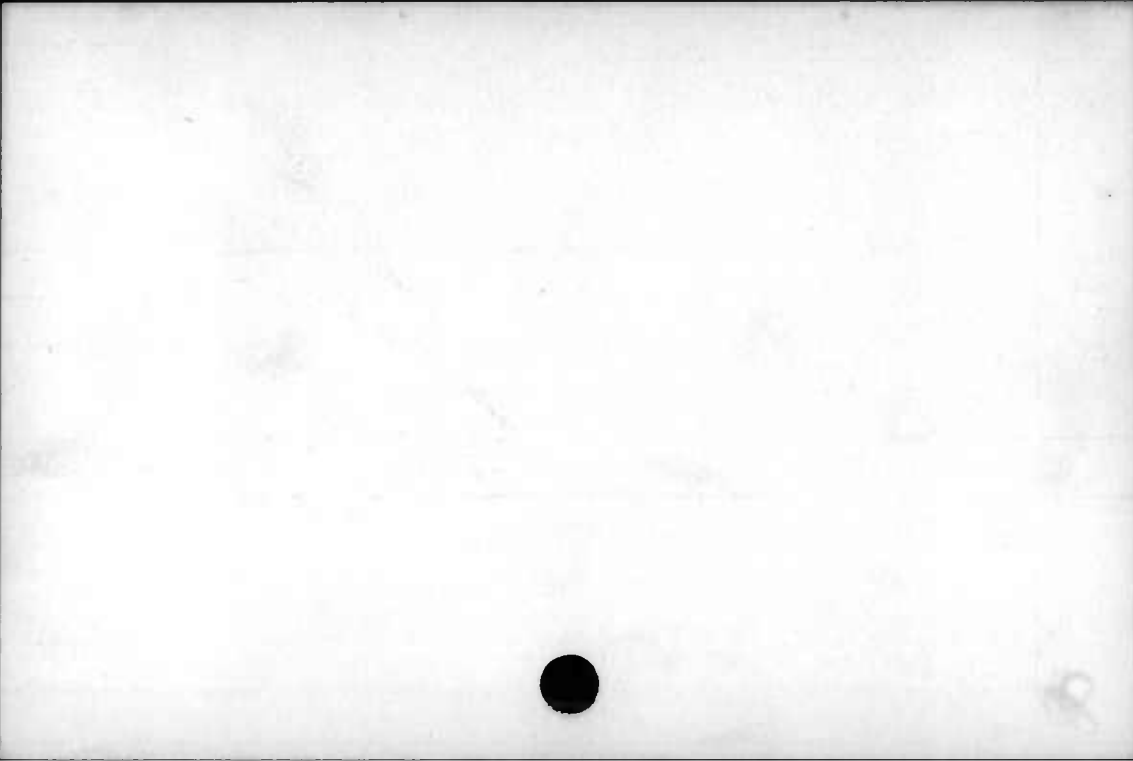
Died at <i>West Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907 Apr.</i>		Month <i>17th</i>		Day <i>17th</i>		Years <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Florida</i>		Months <i>Unknown</i> Days <i>Unknown</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Reed, West, Fla.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>11</i>		Mother's Birthplace <i>11</i>					
Name of person giving information <i>Reeds Mt Hope Retreat</i>		How related to deceased <i>not at all</i>					

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Acute Mania</i>		How long <i>10 or 12 days</i>	
Immediate <i>Ex - Pul Congestion</i>		How long <i>24 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank J. Flannery MD</i>	
		Address <i>West Hope Retreat</i>	
		<i>Mt Hope</i>	
Accident or Suicide? <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

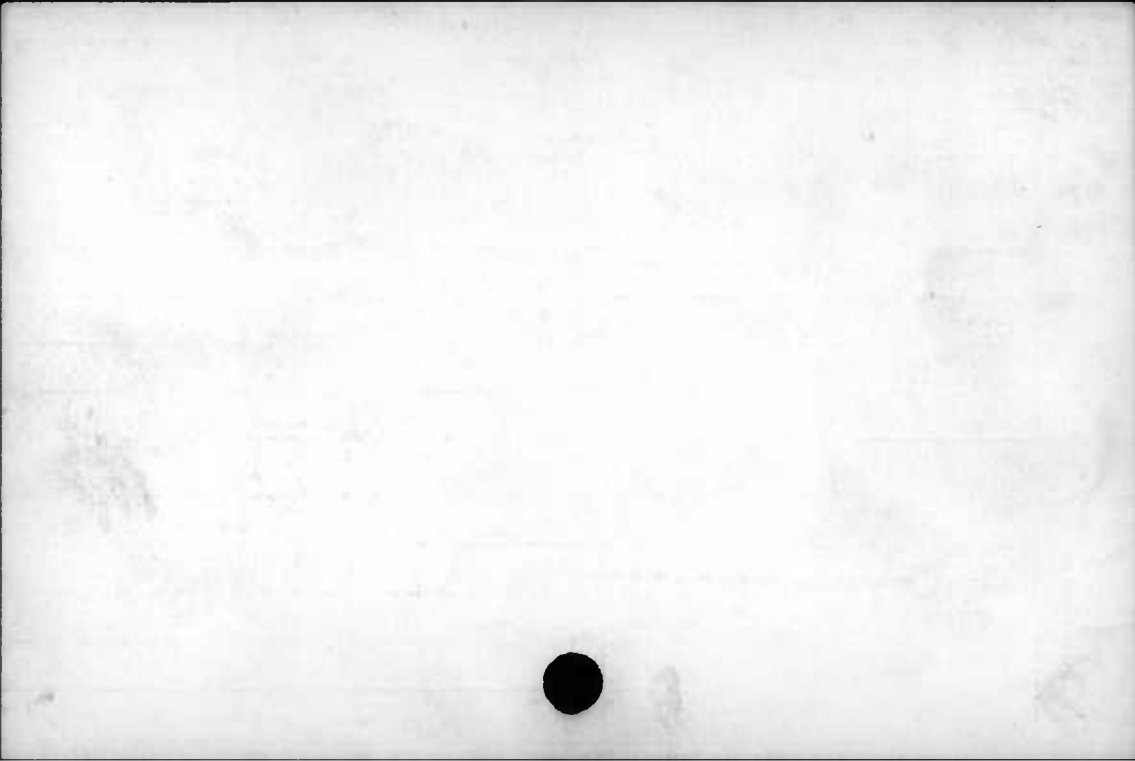
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Apr.	15	39			
Sex	male	Color or Race	white	Birth-place	Maryland		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name		Richard Day		Father's Birthplace		Maryland	
Mother's Maiden Name		Anne Green		Mother's Birthplace		Maryland	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	organic heart-disease -	How long	Some years
Immediate	Heart-disease	How long	N ^o minutes
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		P. J. Byrne	
Address		Ellicott City, Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Degenhardt

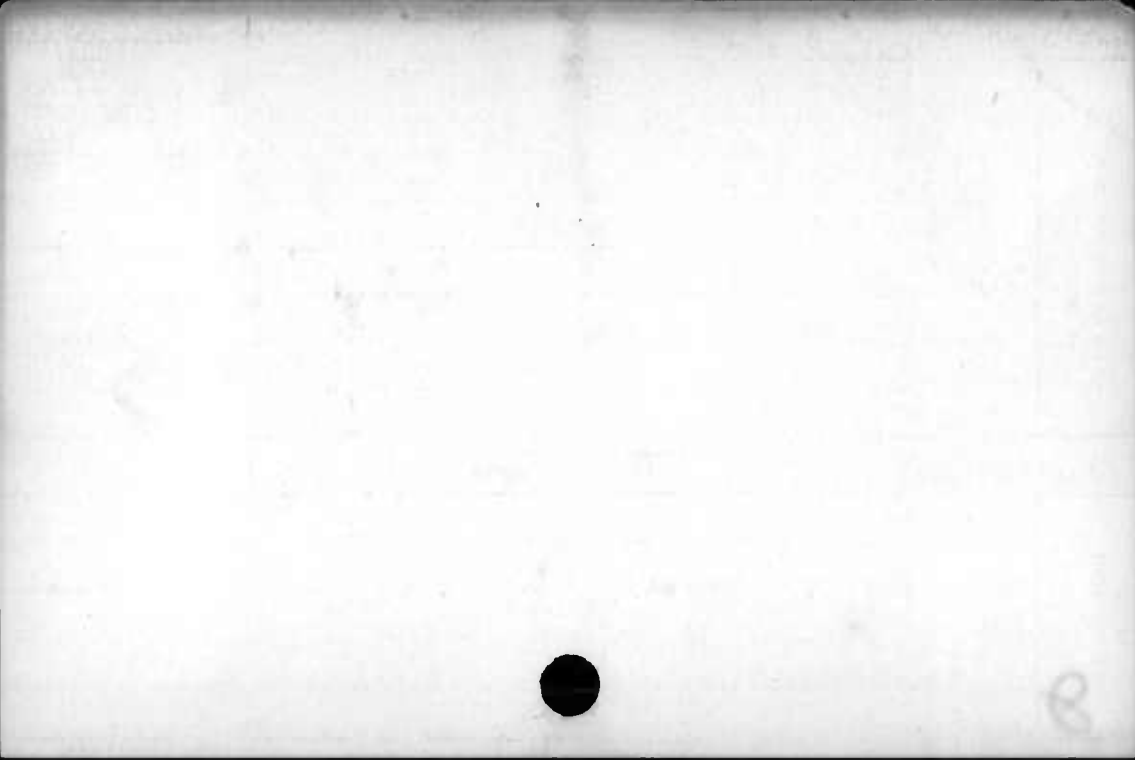
Died at <u>Bradehan</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>4</u>	Day <u>18</u>	Age <u>60</u>	Years	Months <u> </u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Europe</u>	
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Joseph Degenhardt</u>		Father's Birthplace <u>Europe</u>			
Mother's Maiden Name <u>Not Known</u>		Mother's Birthplace <u>Austria</u>			
Name of person giving information <u>Katie Degenhardt</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>General break down</u>	How long <u>2 weeks</u>
Immediate <u>Heart failure</u>	How long <u>one hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. F. Gersuch</u>
	Address <u>Fork Md</u>
Accident or, Suicide?	



Name
in
Full

Mary Celeste Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

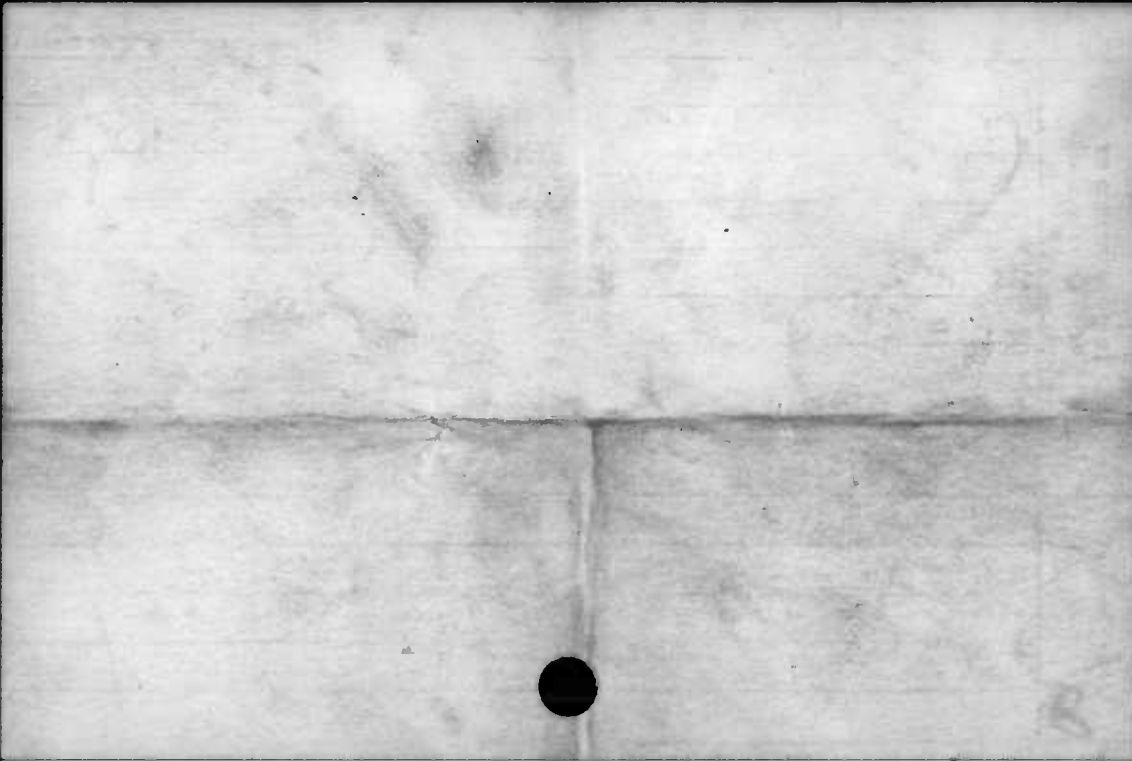
Died at <u>Balethorpe</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1907	Month	April	Day	7
Age	1	Years	0	Months	0
Sex	Female	Color or Race	Caucasian	Birth-place	Maryland
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Elias Diggs</u>		Father's Birthplace <u>md</u>	
Mother's Maiden Name		<u>Mary Celeste Thomas</u>		Mother's Birthplace <u>md</u>	
Name of person giving information		<u>Elias Diggs</u>		How related to deceased <u>md</u>	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Broncho pneumonia</u>	How long	<u>9 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>W. R. Eareckson</u>	
		Address	
		<u>Ex Ridge, Md</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

CERTIFICATE OF DEATH

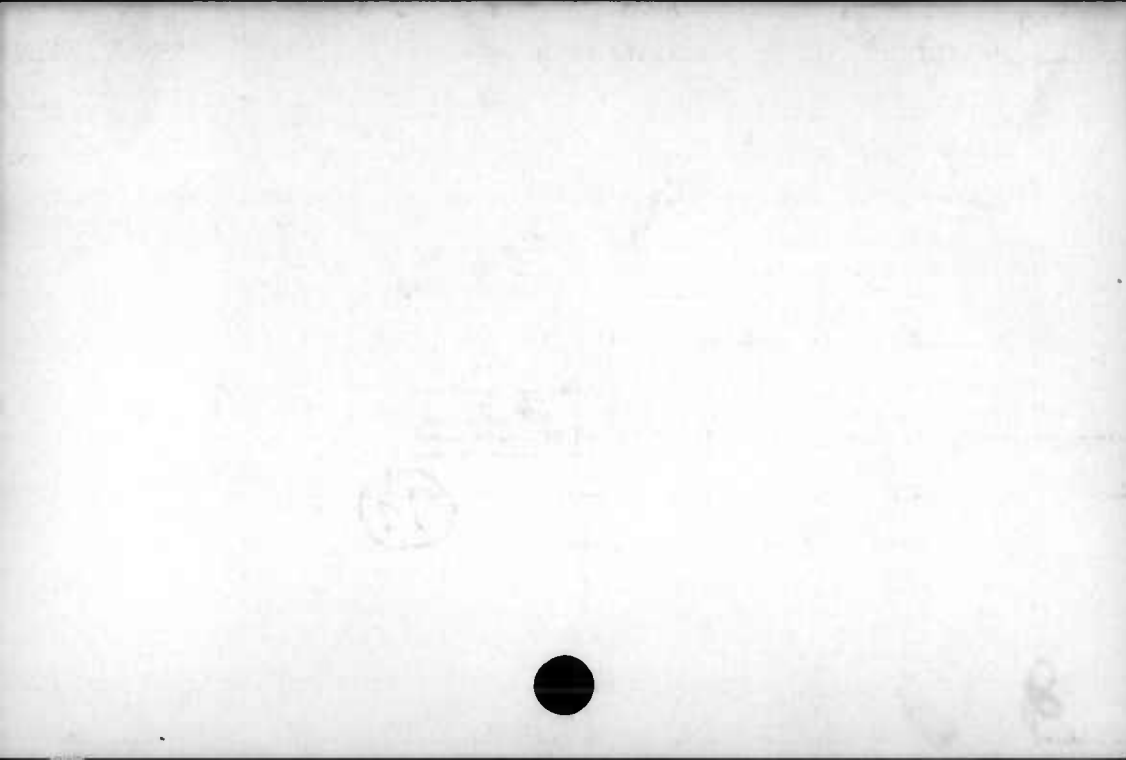
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hospital</i> ^{Town} <i>Barto.</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>April</i> ^{Day} <i>18</i> ^{Years} <i>52</i>	^{Months} <i>-</i> ^{Days} <i>-</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>American</i>	
Occupation <i>Farmer.</i>	Where Residing if not at place of death <i>2433 Woodbrook Ave.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marian Dusharoon</i>		
Father's Name <i>James Dusharoon</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Perula Porter</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Marian Dusharoon</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Stenosis</i>	<i>(79)</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. Shaw</i>	Address <i>St Agnes Hospital.</i>
Accident or Suicide?		



Name
in
Full

Margaret - Dohler

CERTIFICATE OF DEATH

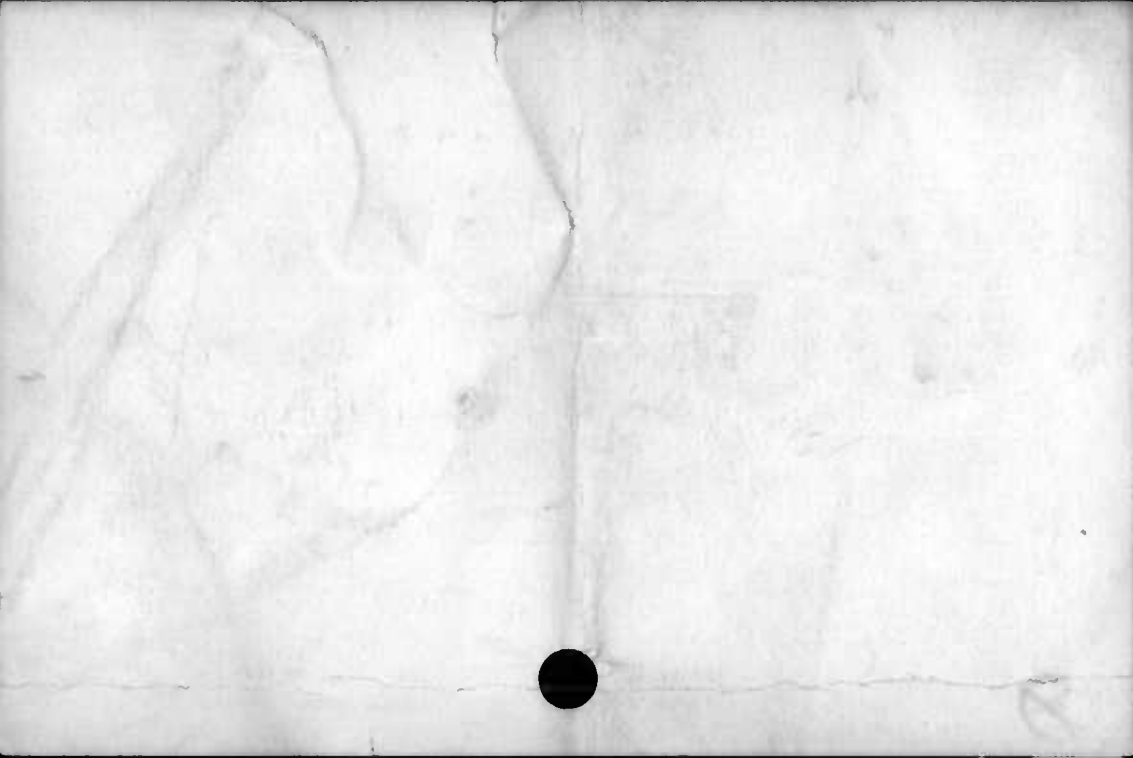
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baldwin		County Baltimore		MARYLAND	
Date of death		190	Month 7 April	Day 10	Age 75	Years	Months Days
Sex Female		Color or Race White		Birth- place Germany			
Occupation House Wife		Where Residing if not at place of death		Maryland			
Married, Single or Widowed		Name of Wife or Husband Andrew Dohler					
Father's Name Mr George		Chris. name unknown		Father's Birthplace Germany			
Mother's Maiden Name Not known				Mother's Birthplace			
Name of person giving In formation Adam C. Dohler				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Liver	How long	Not Known
Immediate	" " "	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John S. Greer	
		Address Hillings	
Accident or Suicide?			



Name
in
Full

Catherine Dolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} 801 N. Clinton St.^{County} Balts. Co.

MARYLAND

Date of death 1907 ^{Month} April ^{Day} 22Age ^{Years} 56^{Months} 0^{Days} 0

Sex Female

Color or Race

white

Birth-place

Ireland

Occupation

none

Where Residing if not at place of death

801 N. Clinton St.

Married, Single or Widowed

Widow

Name of Wife or Husband

Michael Dolan

Father's Name

Unknown

Father's Birthplace

Ireland

Mother's Maiden Name

Unknown

Mother's Birthplace

Ireland

Name of person giving information

Joseph Dolan

How related to deceased

son

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

Unknown

Immediate

Debility

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

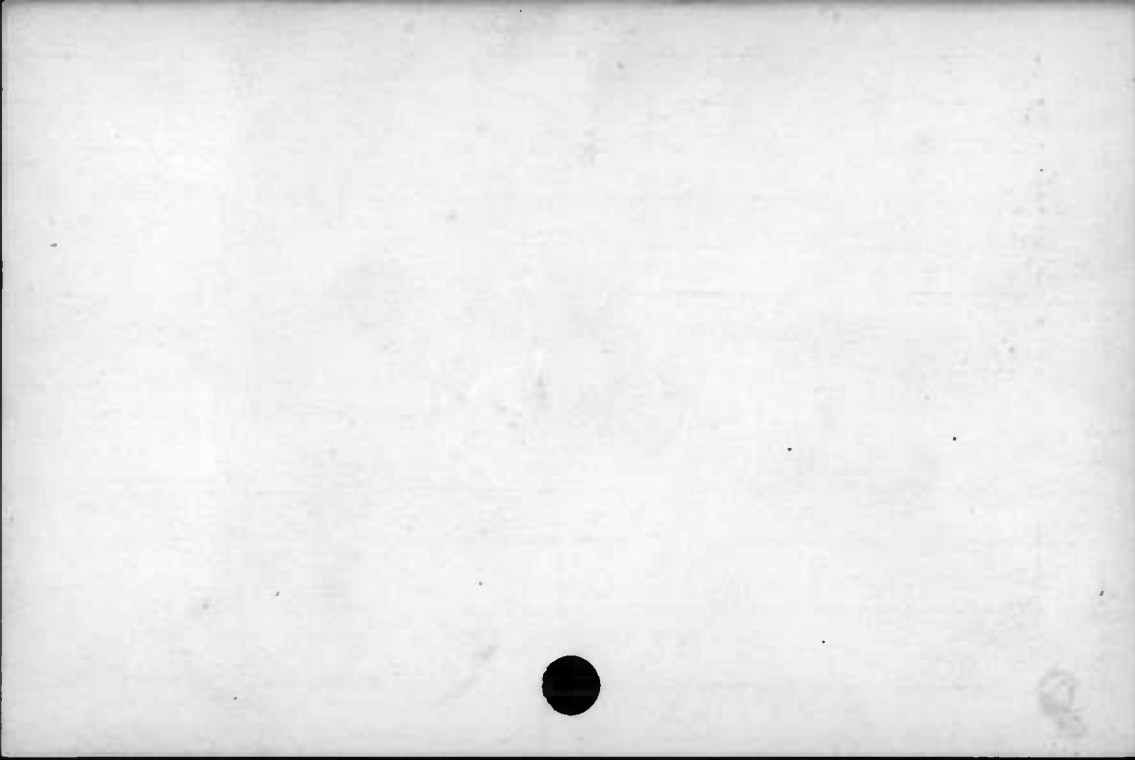
Signature of Physician

M. J. McAvoy M.D.

Address

139 J. Gault St.
Balts. Md.

Accident or Suicide?



Name in Full		Edith Drayer				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sparrow Point</i>		Town		<i>Oakumore</i>		County		MARYLAND	
	Date of death <i>1904</i>		Month <i>April</i>		Day <i>16th</i>		Age <i>—</i>		Years <i>—</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Sparrow Point</i>		Months <i>—</i>		Days <i>11</i>	
	Occupation				Where Residing if not at place of death					
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name <i>S. M. Drayer</i>				Father's Birthplace <i>New Cumberland Penna</i>					
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Agnes M. Catlin</i>				Mother's Birthplace <i>Idaho Ill.</i>					
	Name of person giving information <i>S. M. Drayer</i>				How related to deceased <i>Sister</i>					
	CAUSES OF DEATH						64			
	Primary <i>Cerebral Hemorrhage</i>								How long <i>10 days</i>	
Immediate <i>Surgical Shock</i>						How long <i>3 hours</i>				
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>						Signature of Physician <i>F. C. Glendon</i>				
						Address <i>Sparrow Point Md</i>				
Accident or Suicide?										

New York Hygienic Stone Co.
233 W. Saratoga St.

London Park Cem

Name
in
Full

Michael Durkin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>28</i>	Age	Years <i>7</i> Months <i>7</i> Days <i>Ma</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ma</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Patrick Durkin</i>		Father's Birthplace <i>Foreign</i>		Mother's Birthplace <i>"</i>	
Mother's Maiden Name <i>Mary McGraw</i>		How related to deceased <i>mother</i>			
Name of person giving information <i>conf</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>unknown</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Beut M.D.</i>	
		Address <i>Bayview Asylum Balto. Md.</i>	
Accident or Suicide?			

Holy Cross

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		4		74			
Sex	Male		Color or Race	white		Birth-place	Ind
Occupation	Carpenter		Where Residing if not at place of death		1311 N. Hilmer St		
Married, Single or Widowed	Married		Name of Wife		Margie Eaton		
Father's Name	Unknown		Father's Birthplace		Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown		
Name of person giving information	May. Italer		How related to deceased		None		

CAUSES OF DEATH

172

PHOTOGRAPH
OR CORONER

Primary	Falling in Pond of water		How long	Unknown
Immediate	Drowning		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		yes.		
Signature of Physician		August W. Miller, Coroner		
Address		Mr Winans		
Accident or Suicide?		Accident - Balto Co., Md.		

Permission is hereby given to
Wm Cook, to remove the body of
Alexander J. Eaton - from Balto County
to Balto City

August W. Miller

(Coroner,

Name
in
Full

Mary Egan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>6th</u> <u>Balto</u> County		MARYLAND			
Date of death 190 <u>7</u>	Month <u>April</u>	Day <u>10</u>	Years <u>63</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>			
Married <u>Single</u> or Widowed		Occupation <u>Housewife</u>			
Name of Wife or Husband <u>Jos Egan</u>					
Father's Name <u>Mr. Ward</u>		Father's Birthplace <u>Ireland</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Henry W. Kramer</u>		How related to deceased <u>Son in law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General pneumonia</u>	How long <u>27</u>
Immediate <u>" Tuberculosis</u>	How long <u>Years</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. C. Seitz</u>
	Address <u>Glen Rock Pa</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Leahurstville*County *Balto*Date of death *1907 April 30*Age *59*

Months

Days

Sex

*Male*Color or
Race*white*Birth-
place*Ind.*

Occupation

*Carpenter*Where Residing if not
at place of death☒Married, Single
or Widowed*Single*Name of Wife or
Husband☒Father's
Name*unk.*Father's
Birthplace*unk.*Mother's
Maiden Name*unk.*Mother's
Birthplace*unk.*Name of person giving
Information*-*How related
to deceased*-*

CAUSES OF DEATH

66

Primary

General Paresis

How long

9 mos.

Immediate

Exhaustion

How long

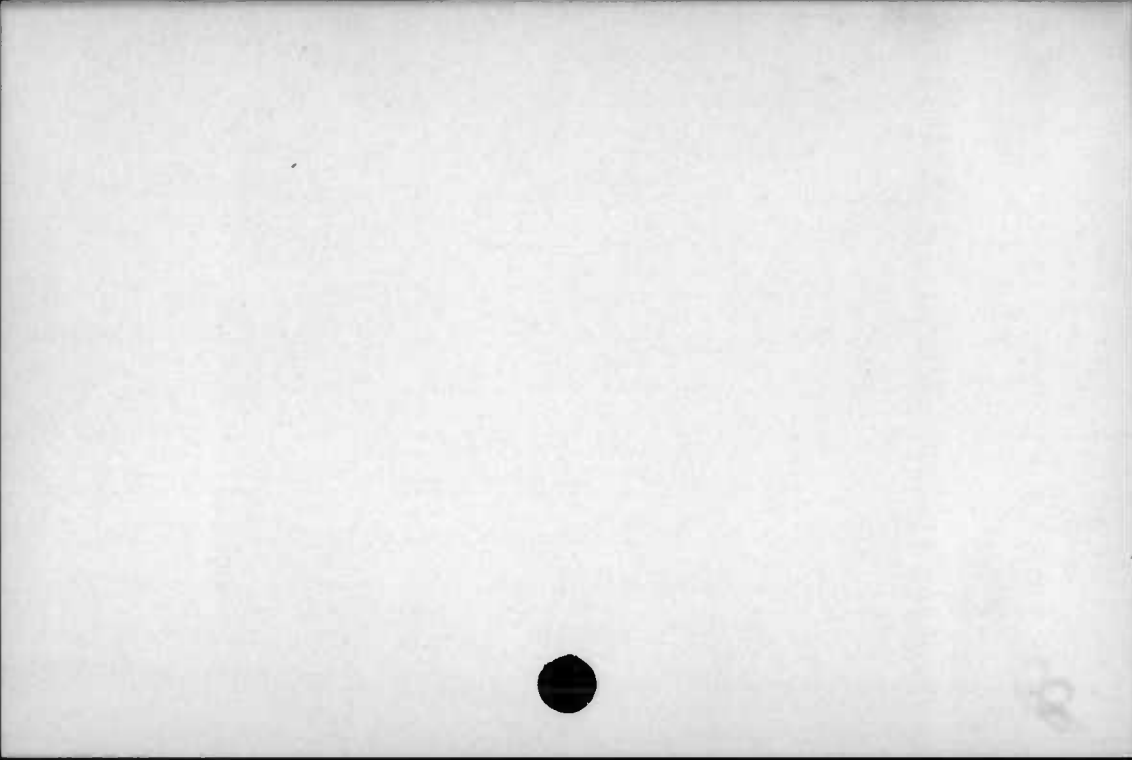
*1 mos.*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*W. H. Wade
Leahurstville Ind.*

Accident or Suicide?

No



Name
in
Full

Ulrich Esposito

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	190 <i>7</i> ^{Month}	<i>April</i> ^{Day}	28 ^{Age}	<i>16</i> ^{Years}	<i>10</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Clerk</i>		Birth-place	<i>Baltimore</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Michael Esposito</i>			Father's Birthplace	<i>Italy</i>
Mother's Maiden Name	<i>Mary Trautner</i>			Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>Michael Esposito</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever.</i>	How long	<i>11 day -</i>
Immediate	<i>Hemorrhages.</i>	How long	<i>3 day.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Dr. J. A. Glantz</i>
		Address	<i>41 Eastern Ave. Et.</i>
Accident or Suicide?			

St Matthews Lem.

Name
in
Full

Thomas Fahey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Sparrow Point ^{County} Baltimore MARYLAND

Date of death 1907 ^{Month} Apr. ^{Day} 1 ^{Age} 60 ^{Years} ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Unknown

Occupation Laborer Where Residing if not at place of death Sparrow Point

Married, Single or Widowed Unknown Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Joe Blair How related to deceased None

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

accidental death by a locomotive

Joe Blair J.P.
Sparrow Point
Md.



Name
in
Full

Michael L. Freely

CERTIFICATE OF DEATH

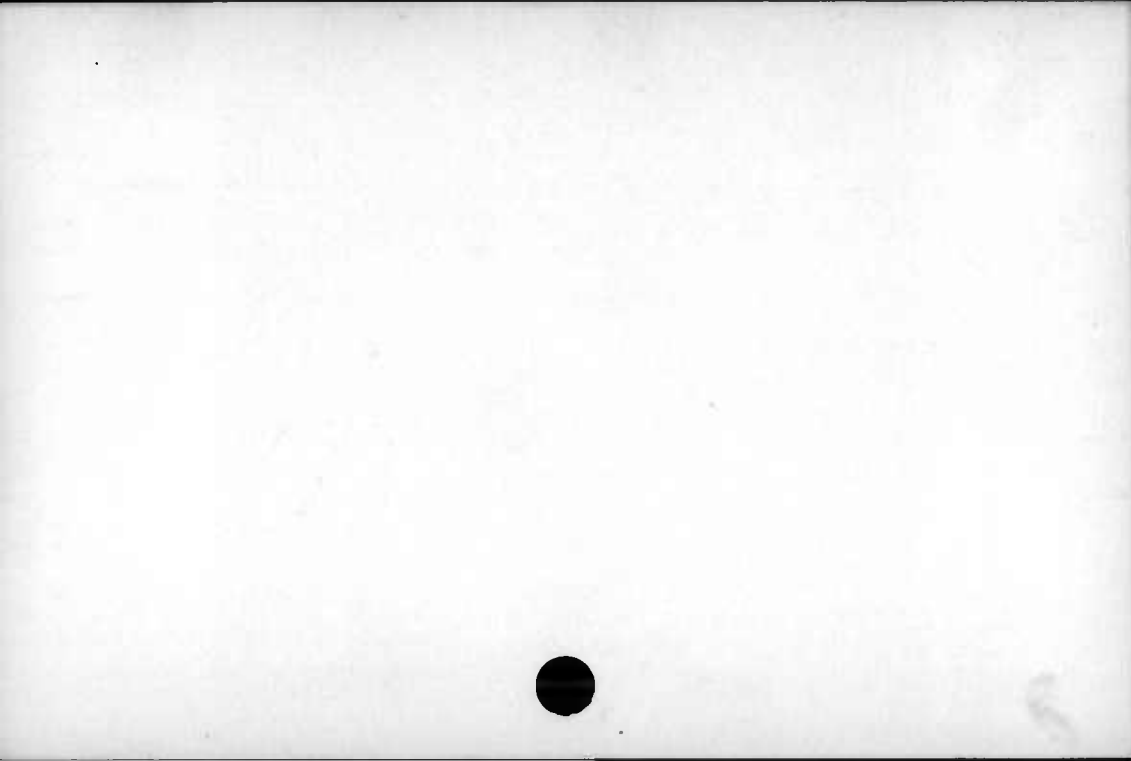
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Hope Retreat</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Apr.</u> ^{Day} <u>12th</u>		Age <u>68</u> ^{Years}		<u> </u> ^{Months} <u> </u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ireland.</u>	
Occupation <u>Bootmaker</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>4</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Reeds Mt Hope Retreat</u>		How related to deceased <u>not at all</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Maria Squire</u>	How long <u>3 yrs.</u>
Immediate <u>Ex. Paralysis</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank J. Flannery MD</u>
	Address <u>Mt Hope Retreat</u> <u>Baltimore Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Annice E. Fifer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lauraville		County Baltimore		State Maryland Md	
Date of death	190	Month April	Day 16 th	Age 58	Years 4 ^{ths}	Months —	Days —
Sex	Female		Color or Race	White		Birth- place	Baltimore Md
Occupation	Housewife		Where Residing if not at place of death		Lauraville Md		
Married, Single or Widowed	Widow		Name of Wife or Husband	Robert S. Fifer			
Father's Name	William Grant		Father's Birthplace	Montgomery Co Md			
Mother's Maiden Name	Eliza Davis		Mother's Birthplace	Strom Co Md			
Name of person giving In formation	Alice R. Saunders		How related to deceased	Sister			

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary	Gelric Peritonitis	How long	8 days
Immediate	Exhaustion	How long	8 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. B. Saunders M.D.
		Address	219 E. Preston St Baltimore Md.
Accident or Suicide?	No		

Dr. R. C. Massenberg

Sub. Health

Wendell Gippel & Son

330 S. Bond St.

Burial in Ball's Cove. Apr. 18/87

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buxton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small> <i>April</i> <small>Day</small> <i>26</i> <small>Years</small> <i>35</i>	Age <i>35</i>		<i>1</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Italian</i>	Birth-place <i>Valguarnera</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Trinidad</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rosaria Gagliane</i>				
Father's Name <i>Simone Gagliane</i>	Father's Birthplace <i>Valguarnera</i>				
Mother's Maiden Name <i>Marie Sciarlata</i>	Mother's Birthplace <i>Valguarnera</i>				
Name of person giving information <i>Lewie Gagliane</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>✓</i>	How long <i>✓</i>
Immediate <i>Killed by R. R. Train</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. L. Smith</i>
	Address <i>Rider</i>
Accident or <u>Swindle?</u> <i>Accident</i>	<i>Joseph B. Herbert Coroner</i>

Mt. Maria Cemetery
John Burns Son's
Towson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

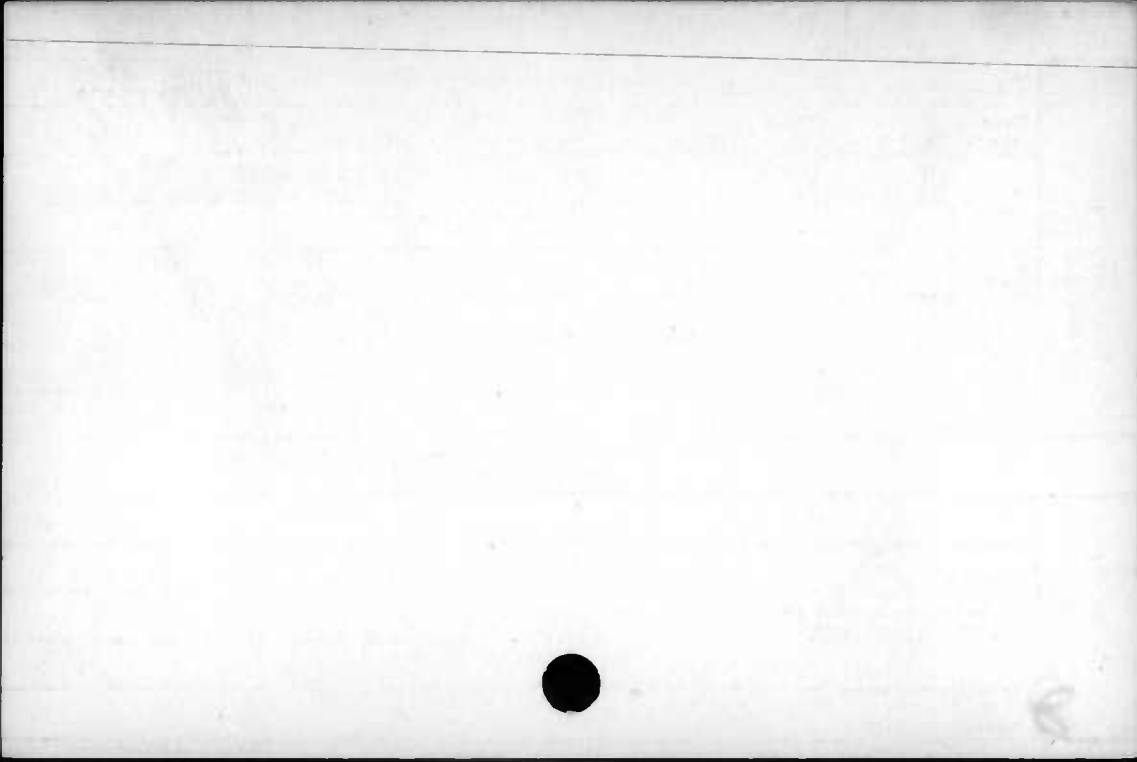
Died at <i>Pipesville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>4</i>	Day <i>18</i>	Age <i>74</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>Sailor</i>			Where Residing if not at place of death <i>Pipesville</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Cordeia A. Gentry</i>			
Father's Name <i>Albert J. Gentry</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Chiles</i>		Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>H. H. Mathews</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>Don't know</i>
Immediate <i>Exhaustion</i>	How long <i>over work</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Mays</i>
	Address <i>Pipesville Md.</i>
Accident or Suicide? <i>2</i>	



Name
in
Full

Irene Grant.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Conventon</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>April</i> ^{Month}	<i>26th</i> ^{Day}	Age <i>39</i> ^{Years}	<i>4</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lebanon, Mo.</i>		
Occupation <i>Housewife</i>	Where Residing <i>not at place of death</i>		<i>Youngstown, O.</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Charles W. Grant</i>				
Father's Name <i>Joel W. Grant</i>	Father's Birthplace <i>Wayford Co.</i>				
Mother's Maiden Name <i>Susan Francis</i>	Mother's Birthplace <i>Balto. Co.</i>				
Name of person giving information <i>Harry Francis</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Several months</i>
Immediate <i>Pneumonia</i>	How long <i>About 12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. J. Harrison</i>
	Address <i>Loock Raven</i>
Accident or Suicide? <i></i>	

Camp Chapel

Name
in
Full

William Richard Graves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} <i>Franklin</i> Town <i>Franklin</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Apr.</i>	Day <i>30</i>	Age <i>62</i>	Months <i>11</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>Investing Salesman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emma Susan Zimmerman</i>				
Father's Name <i>George Graves</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Lucy Carter Sutton</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Lucy L. Graves</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

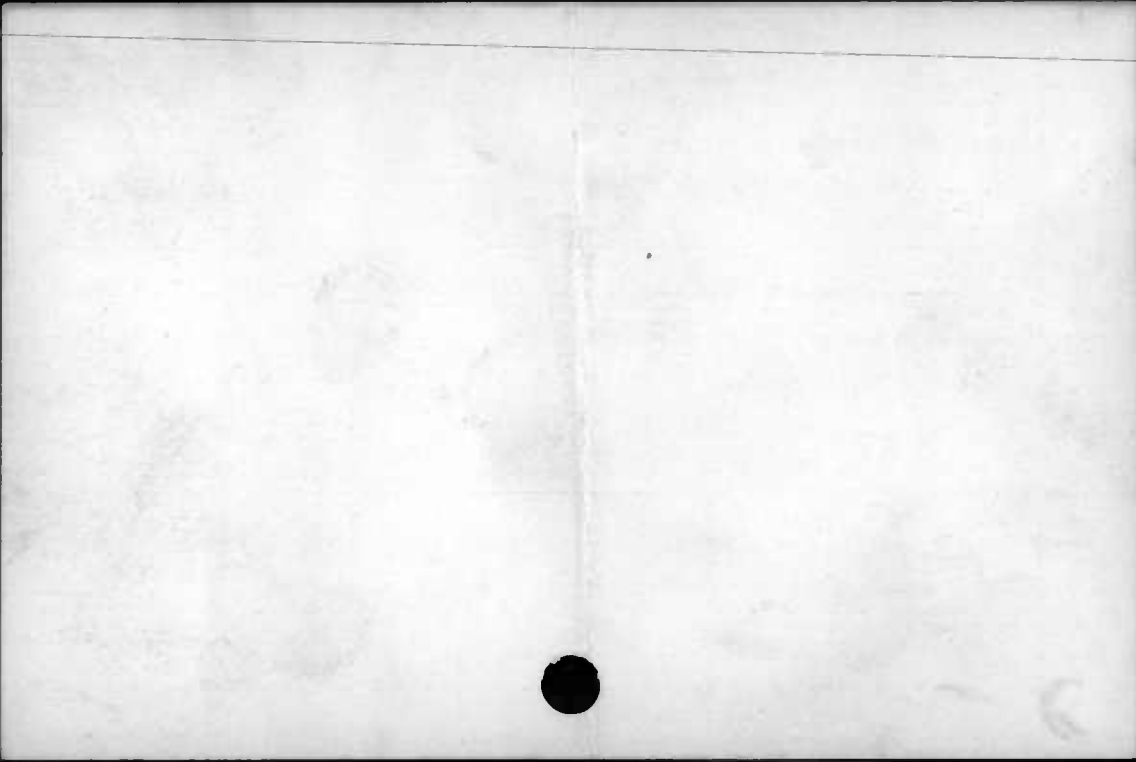
27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i> <i>Intestinal Tuberculosis</i>	How long <i>About 8 years</i> <i>About 2 weeks</i>
Immediate <i>Cardiac Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Harold Monumier</i>
	Address <i>Dickeyville, Md.</i>
Accident or Suicide?	

Lorraine Cen
Jos B. Cook

Name in Full		Town		County		CERTIFICATE OF DEATH		
William		Griffin		Baltimore		MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Catonsville		Age		63	
	Date of death		1907	April	Day	2	Months	11
	Sex		Male		Color or Race		Cauc	
	Occupation		Laborer		Where Residing if not at place of death		Caterpillars, Md.	
	Married, Single or Widowed		Married		Name of Wife or Husband		Marie Anne Wagoner Griffin	
	Father's Name		Thomas Griffin		Father's Birthplace		Chubb, Md.	
	Mother's Maiden Name		Anna Meeds		Mother's Birthplace		Caterpillars, Md.	
Name of person giving information		Mr. W. Edgworth Griffin		How related to deceased		Son		
				CAUSES OF DEATH		120		
PHYSICIAN OR CORONER	Primary		Bright's Disease		How long		One year	
	Immediate		Colapae		How long		3 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. R. Perry, M.D.	
					Address		Catonsville, Baltimore Co., Maryland.	
Accident or Suicide?		No						



Name
in
Full

Adam Grosscup

CERTIFICATE OF DEATH

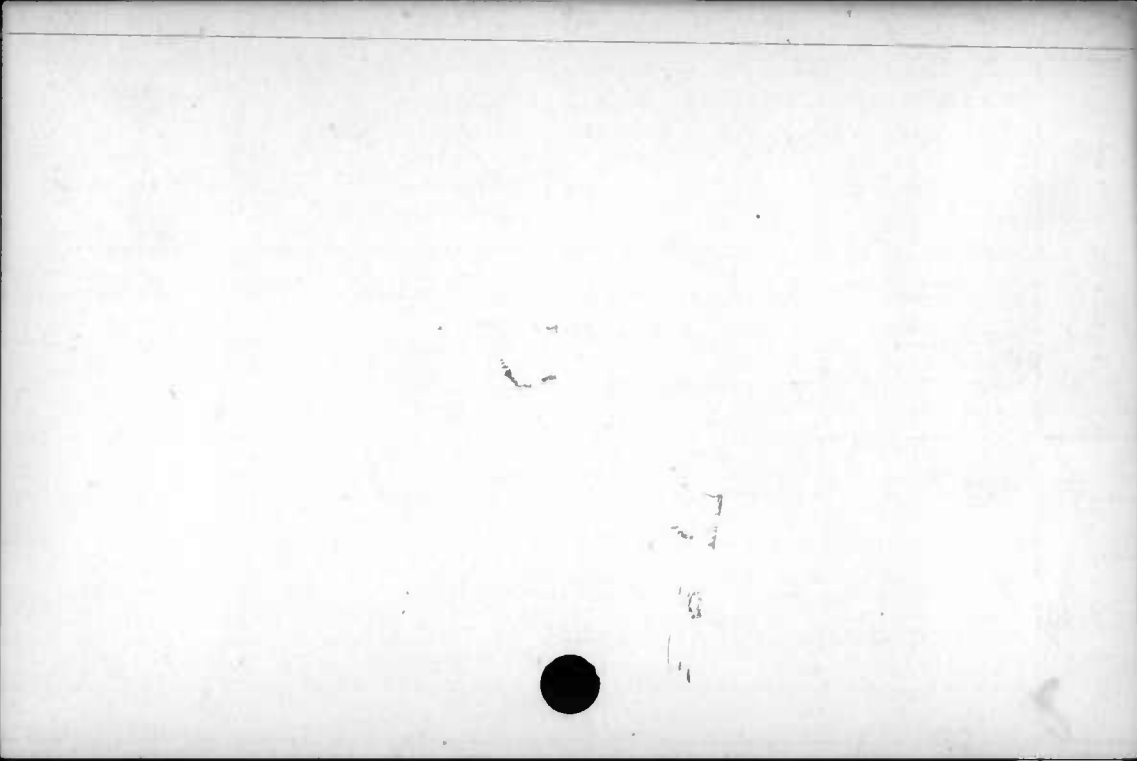
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Balto		MARYLAND	
Date of death	1907	Month	April	Day	11
Age		Years		Months	Days
Sex		Male		Color or Race	White
Occupation		—		Birth-place	Balto Co.
Where Residing if not at place of death		—			
Married, Single or Widowed		Single			
Name of Wife or Husband		—			
Father's Name		George Grosscup		Father's Birthplace	Bermony
Mother's Maiden Name		Maggie Bennett		Mother's Birthplace	Balto Co.
Name of person giving information		Geo. Grosscup		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	3 weeks
Immediate	Cordic Failure	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. H. Pether	
Address		2 Hudson St. Pktd	
Accident or Suicide?		—	



Name
in
Full

Gundry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>5th</i>	Age	<i>stillborn</i>	Months	Days
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Catonville</i>
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—		Name or Wife or Husband —				
Father's Name	<i>Richard F. Gundry</i>					Father's Birthplace	<i>Balto Co</i>
Mother's Maiden Name	<i>Catherine Hines</i>					Mother's Birthplace	<i>Balto</i>
Name of person giving information	<i>D. W. R. F. Gundry</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	<i>Still born</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W. Paulmer White</i>
		Address <i>Catonville, Md.</i>
Accident or Suicide?		

For Burial at

Loudon Park.

E. W. Mitchell

Name
in
Full

William A Hafner

CERTIFICATE OF DEATH

Died at ^{Town} East River

County Baltimore

MARYLAND

Date of death 1907 April

Day 28

Age 60

Months

Days

Sex Male

Color or Race

white

Birth-place

Frederick Md

Occupation

Laborer

Where Residing if not at place of death

1427 Fifth St.

Married Single or Widowed

Married

Name of Wife or Husband

Annie M Hafner

Father's Name

Julius Hafner

Father's Birthplace

Germany

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving information

Mrs Annie M Hafner

How related to deceased

wife

CAUSES OF DEATH

Primary

Accidental

176

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

White

Signature of Physician

Address

15th Dist. D.C.
Miss Harvey

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Dr. Athey. 1

Please give permit to
remove to Baltimore &
bury at Oak Lawn Cem.
Apr. 30/90.

Wm Cook
5028 North av.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George B. Harris*

Town *Worthington Valley* County *Baltimore*

Died at *Worthington Valley*

Date of death 190 *ny* Month *April* Day *16* Age *42* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Carroll Co*

Married, Single or Widowed *Married* Occupation *Farmer*

Name of Wife or Husband *Mary Harris*

Father's Name *John S. Harris* Father's Birthplace *Carroll Co*

Mother's Maiden Name *Katharine Baubitz* Mother's Birthplace *Baile Co*

Name of person giving information *John B. Harris* How related to deceased *Brother*

CAUSES OF DEATH

157

How long

PHYSICIAN
OR CORONER

Primary *Suicide by hanging*

Immediate *Strangulation*

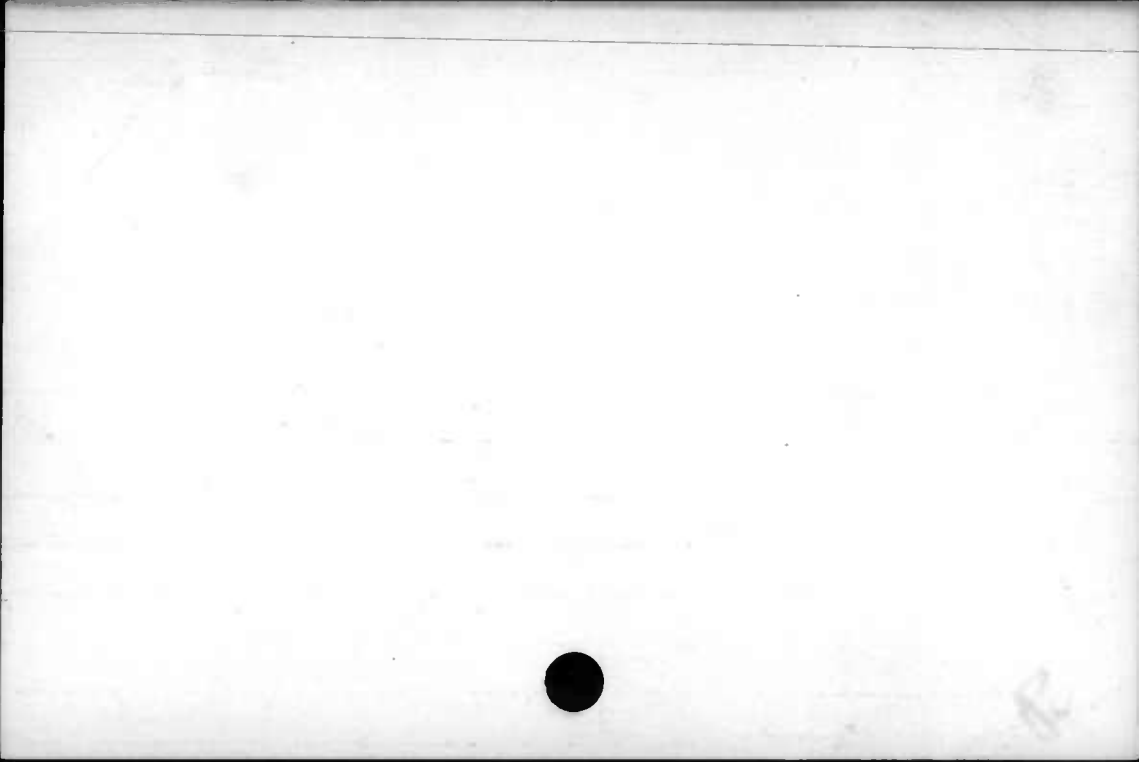
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. J. P. Coroner, Piquette, Mo.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Helfrich

TO BE ANSWERED BY
NEAREST FRIEND

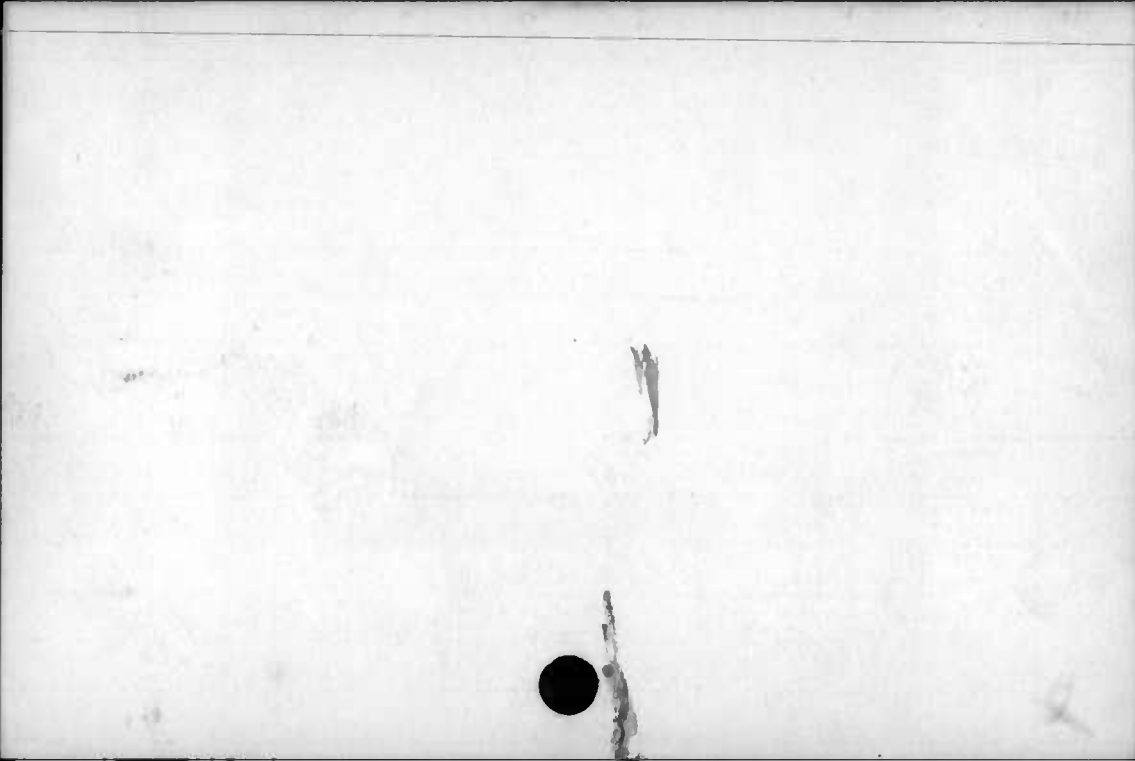
Died at <u>Baltimore</u> ^{Town}		<u>Balt.</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>April</u> ^{Month}	<u>27</u> ^{Day}	<u>4</u> ^{Years}	<u>10</u> ^{Months}	<u>10</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation _____			Where Residing if not at place of death <u>709 Eastern Ave</u>		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>John J. Helfrich</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Mary E. Helfrich</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>John J. Helfrich</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <u>Killed struck by an electric car on Eastern Ave.</u>	How long <u>30 minutes</u>
Immediate <u>Fracture of the skull</u>	How long <u>30</u> ["]
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>P. A. Drummigan</u>
<u>jury rendered a verdict of accident.</u>	Address <u>203 Fourth St. Coroner</u>
Accident or Suicide? <u>Accident.</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

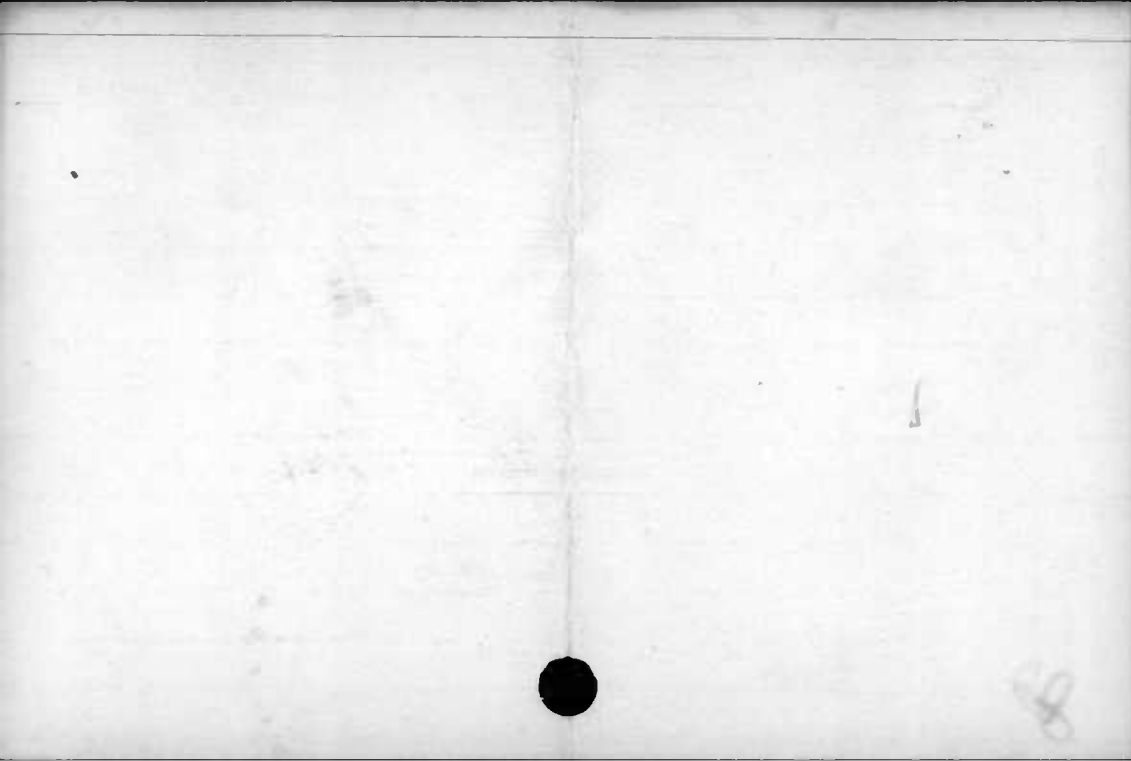
Name <i>Annus Virginia Hemler</i>		Town <i>Roshyon</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>April</i>		Day <i>10</i>		Age <i>24</i>	
Date of death <i>1907</i>		Months <i>8</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Occupation		Where Residing if not at place of death <i>Roshyon Balt Co Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joseph A Hemler</i>		Father's Birthplace <i>Pennsylvania</i>					
Mother's Maiden Name <i>Sarah A Buddy</i>		Mother's Birthplace <i>Pennsylvania</i>					
Name of person giving information <i>Mr Wm Hemler</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Peritoneal Abscess</i>	How long <i>—</i>
Immediate <i>rupture & Septic Infection</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm J. Buppert</i>
	Address <i>Roshyon Balt Co Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

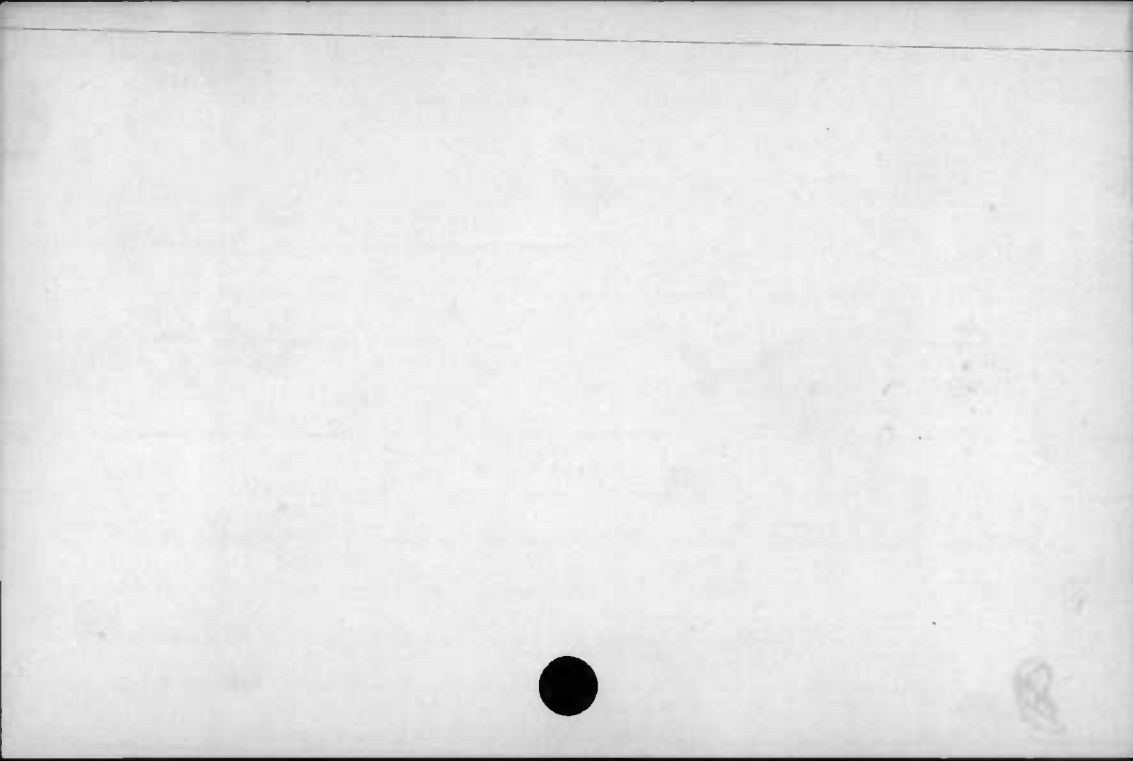
Died at <i>Washington</i> ^{Town} <i>Baltimore</i> ^{County}			
Date of death <i>1907</i> ^{Month} <i>April</i> ^{Day} <i>2</i> ^{Years} <i>1</i> ^{Months} <i>1</i> ^{Days} <i>7</i>	Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Washington</i>
Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____		
Father's Name <i>James E. Hollenshade</i>	Father's Birthplace <i>Facts Co. Md.</i>		
Mother's Maiden Name <i>Laura T. Palmer</i>	Mother's Birthplace <i>Facts Co. Md.</i>		
Name of person giving information <i>Laura T. Hollenshade</i>	How related to deceased <i>mother</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Influenza-pneumonia</i>	How long <i>12 days</i>
Immediate <i>Asthenia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William L. Ford</i>
<input checked="" type="checkbox"/> Accident or Suicide?	Address <i>Washington Md.</i>



Name
in
Full

Louisa Marie Huke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

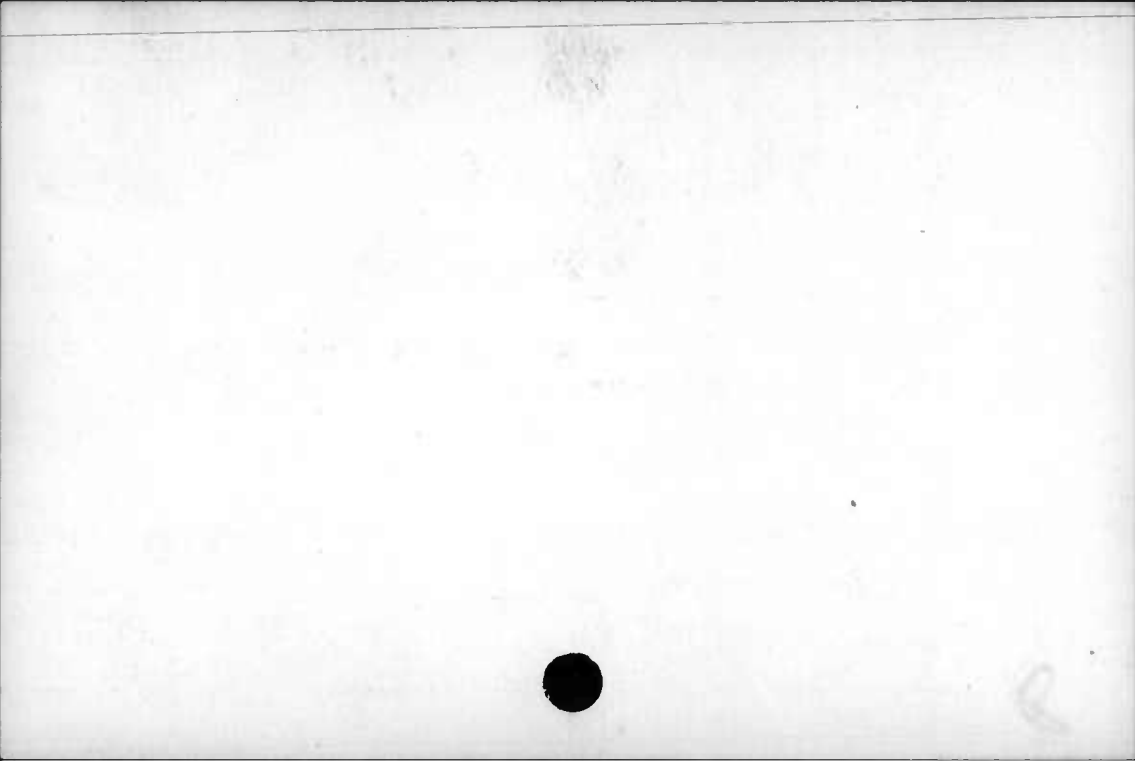
Died at		Town Cockysville		County Batts		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		4	9			5-	19
Sex		Color or Race		Birth-place			
Female		White		Ind.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Chas. Huke				Ind			
Mother's Maiden Name				Mother's Birthplace			
Annie Cyphull				Ind.			
Name of person giving information				How related to deceased			
Mrs. Annie Huke				Mother			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis	How long	6 days
Immediate	Meningitis - Coma	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Wilmer C. Ensor M.D.	
		Address	
		Cockysville	
		Ind.	
Accident or Suicide?			



Name
in
Full

William G. Humphreys

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1907	Month	April	Day	16
Age	23	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Balto Md
Occupation	Druggist		Where residing if not at place of death <i>Highland Md</i>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Chas. K. Humphreys			Father's Birthplace	Balto Md
Mother's Maiden Name	Florence Saring			Mother's Birthplace	Balto Md
Name of person giving information	Chas K. Humphreys			How related to deceased	Farther

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i> ①	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>J. Schefrey</i>	
		Address	
		<i>1700 Federal</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			

CHRISTIAN MILLER.
UNDERTAKER & EMBALMER.
2884 Jefferson St. N. W. Cor. Montford Ave.
Baltimore Md.

Oak Lawn Cemetery

Name
in
Full

Not named *Hundermark*
County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Boring</i> Town		<i>Bell</i> County			
Date of death <i>1907</i>	Month <i>4</i>	Day <i>2</i>	Age	Years	Months
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Eugen Hundermark</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mauda Duer</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Eugen Hundermark</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cyanosis</i>	How long <i>13 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joatt Wilson</i>
	Address <i>Twiblerburg</i>
Accident or Suicide?	

Mr. Bell
Mr. Bell

Name
in
Full

Francis Maria Hanson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

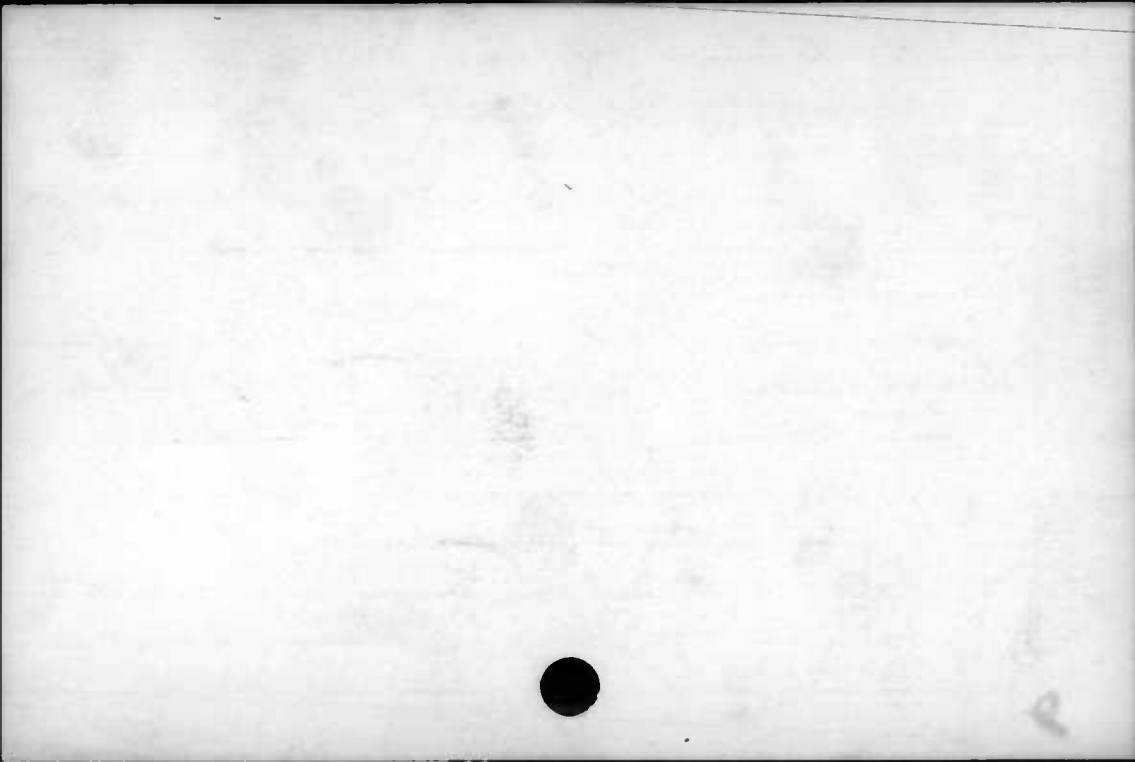
Died at <i>Leskysville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>April</i> ^{Month}	<i>6</i> ^{Day}	Age <i>0</i> ^{Years}	<i>0</i> ^{Months}	<i>8</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Leskysville</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>George Hanson</i>			Father's Birthplace <i>Leskysville Md</i>		
Mother's Maiden Name <i>Clara Johnson</i>			Mother's Birthplace <i>Leskysville Md</i>		
Name of person giving information <i>George Hanson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary <i>Black poison not holding</i>	How long <i>3 days</i>
Immediate <i>Letans & Corrosive</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Berman</i>
	Address <i>Leskysville</i>
<i>8</i> Accident or Suicide?	<i>md</i>



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Met Washington</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Apr</i>	Day <i>9</i>	Age <i>32</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Henderson Kentucky</i>			
Occupation <i>Clerk</i>	Where Residing if not at place of death <i>Belvedere Av.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Hyatt H. Ingram</i>	Father's Birthplace <i>Kentucky</i>		Mother's Birthplace <i>Kentucky</i>		
Mother's Maiden Name <i>Bethenine Miller</i>	Name of person giving information <i>Marie L. Ingram</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

27

Primary <i>Phthisis pulmonalis</i>	How long <i>2 years</i>
Immediate <i>Pulmonary Oedema</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. T. Shower, M.D.</i>
	Address <i>421 Roland Ave. Balt</i>
Accident or Suicide? <i>—</i>	

Henderson Kentucky.

Apr 9/1907.

William Cook
502 E. 7th St

Name in Full *Joel T. Johnson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

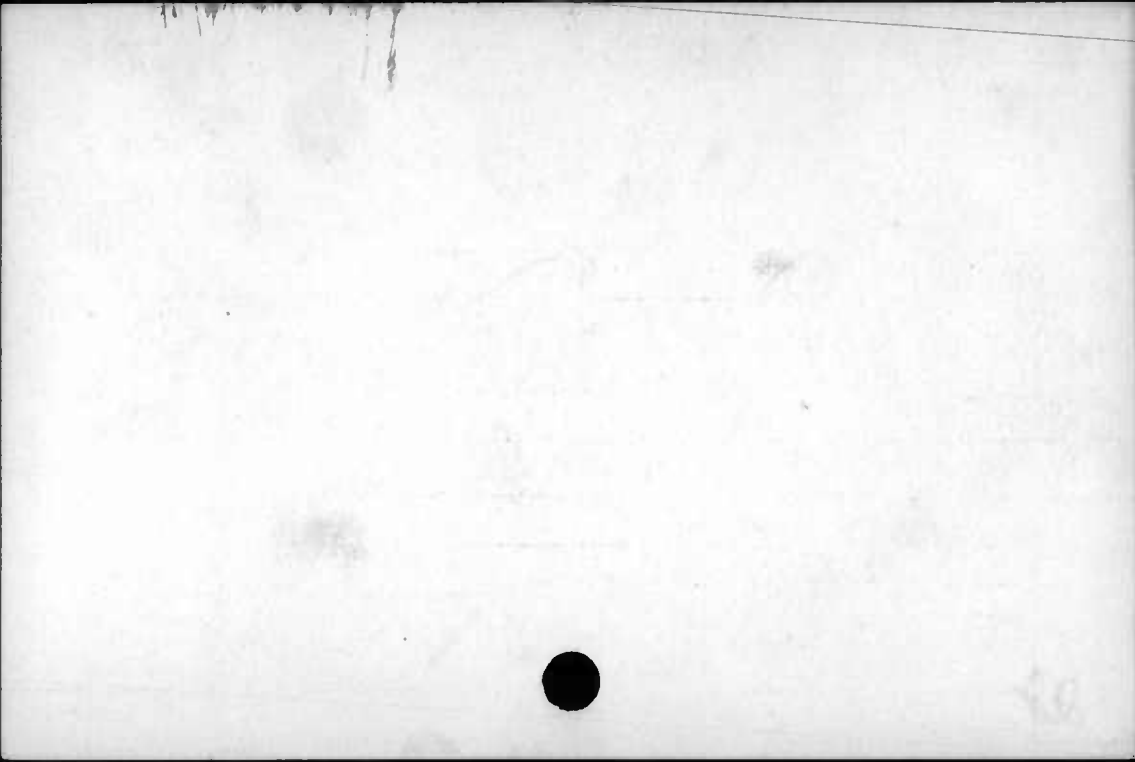
Died at <i>Lansdowne</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>16</i>	Age	Months <i>1</i>	Days <i>8</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Balt. Co</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Philip C. Johnson</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Rosa Lind</i>	Mother's Birthplace <i>Balt. Md.</i>				
Name of person giving information		How related to deceased			

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>5 weeks</i>
Immediate <i>Convulsions</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank N. Rubel</i>
	Address <i>Lansdowne, Md.</i>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

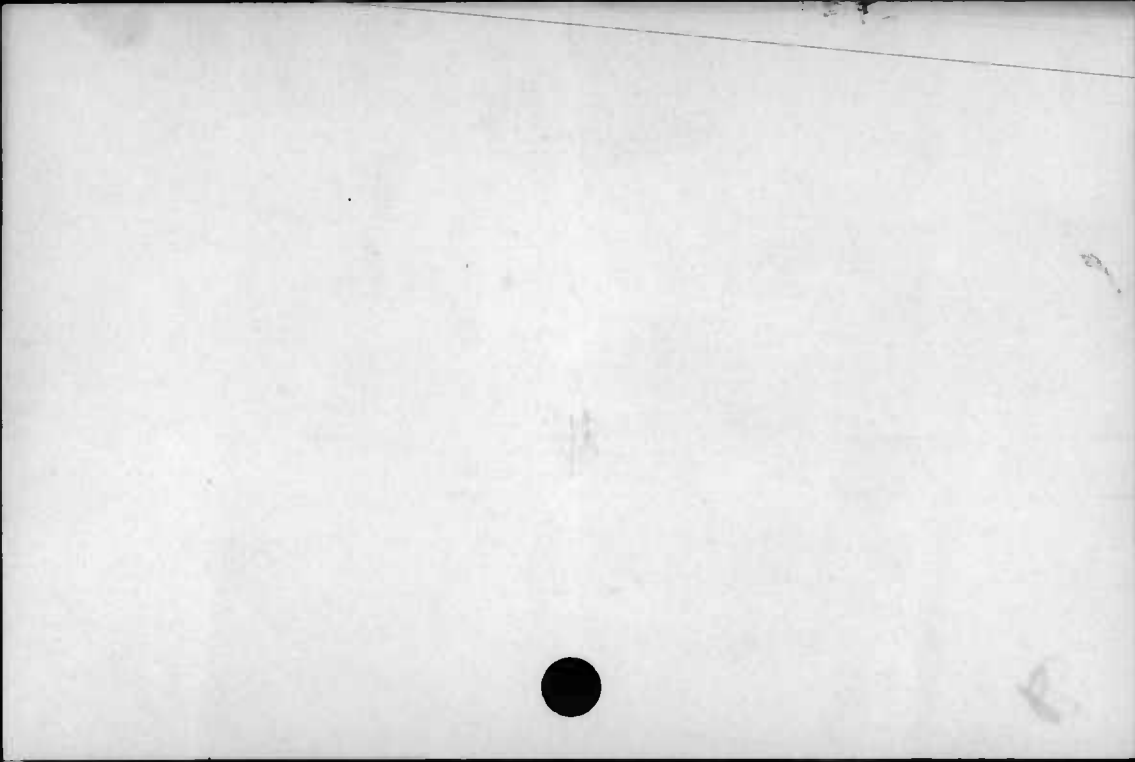
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Apr.</i>	Day <i>18</i>	Years <i>2</i>	Months Days
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Iowa</i>		
Occupation —	Where Residing if not at place of death <i>Sp. Pt.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>William Johnson, Sr.</i>				
Father's Name <i>William Johnson, Sr.</i>	Father's Birthplace <i> Md</i>				
Mother's Maiden Name <i>Hattie Holland</i>	Mother's Birthplace <i> Md</i>				
Name of person giving information <i>Hattie Johnson</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Merasmus</i>	How long <i>1 year,</i>
Immediate <i>Broncho-Pneumonia</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. B. M. Cormick, M.D.</i>
<i>no</i>	Address <i>Sparrow Point Md.</i>
Accident or Suicide?	



Name
in
Full

Amelia Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Beugus		County Barto		MARYLAND	
Date of death		1907	Month April	Day 23	Age 48	Months 7	Days 13
Sex Female		Color or Race white			Birth-place md		
Occupation Hw				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Jas. P. Jones					
Father's Name John M. Parr		Father's Birthplace Germany					
Mother's Maiden Name Catherine		Mother's Birthplace Germany					
Name of person giving information Bessie Jones		How related to deceased daughter					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Gastro Carcinoma	How long	10 months
Immediate	Asthma	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John W. Harrison M.D.	
Address		Middle River Md	
Accident or Suicide?		no	



2

TO BE ANSWERED BY
NEAREST FRIEND

Mrs August Chalder

CERTIFICATE OF DEATH

Died at <u>Rose Dale</u> ^{Town}		<u>Baile</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Apr</u> ^{Day} <u>24</u>		Age <u>53</u> ^{Years}		Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Ma</u>			
Occupation <u>Housewif</u>		Where residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>August Chalder</u>			
Father's Name <u>John Steele</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>-</u>		How related to deceased <u>-</u>			

CAUSES OF DEATH

74

Primary <u>Multiple Neuritis</u>	How long <u>2 years</u>
Immediate <u>-</u>	How long <u>-</u>

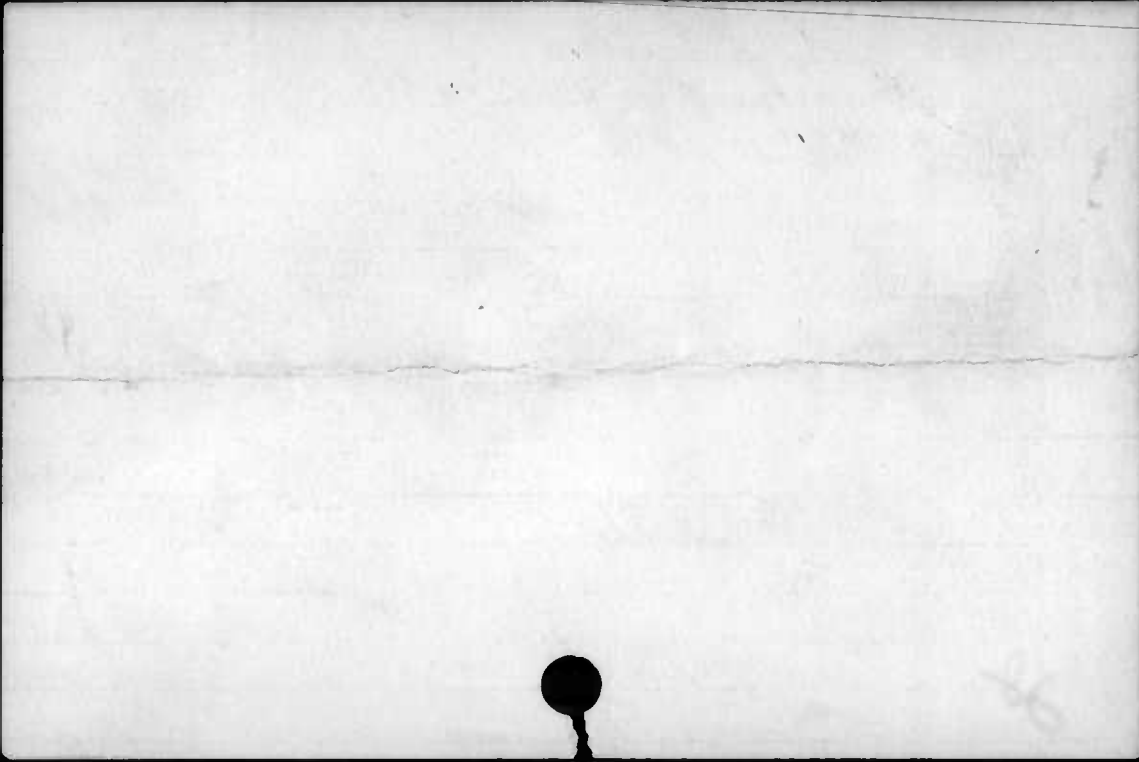
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. V. Mac
Prossville
Pa

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Color or
Race

Age

Years

Months

Days

Birth-
placeWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
in formationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

MARYLAND

How long

How long

Frank Crach

Gf. Aephonous Am.

Name
in
Full

Stephen M Karavanagh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> <small>Town</small>		<u>Bolton</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>April</u> <small>Day</small>	<u>8</u> <small>Age</small>	<u>68</u> <small>Years</small>	<u> </u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ireland</u>
Occupation	<u>Gardener</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Margaret E Karavanagh</u>		
Father's Name	<u>Not known</u>			Father's Birthplace	<u>"</u>
Mother's Maiden Name	<u>" "</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Stephen Karavanagh Jr</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Valv Dis of Heart</u>	How long	<u>3 1/2 months</u>
Immediate	<u>Syncope</u>	How long	<u>2 1/2</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Robt M. Updeat</u>	
		Address <u>Baltimore Md</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edward J. Kelly
Died at ^{Town} Tangerville ^{County} Balto. ^{State} MARYLAND
Date of death 1907 ^{Month} April ^{Day} 20 ^{Age} 61 ^{Years} ^{Months} ^{Days}
Sex Male Color or Race White Birth-place Balto City
Occupation Laborer Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or husband Louisa H. Kelly
Father's Name Not given Father's Birthplace Not given
Mother's Maiden Name " " Mother's Birthplace "
Name of person giving information Louisa H. Kelly How related to deceased Wife

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Old Age
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

Yes

Accident

H. S. Sudler
3440 E. Balto.
Highland Town Md

CHRISTIAN MILLER.
UNDERTAKER & EMBALMER
2984 Jefferson St. N. W. Cor. Montford Ave.
Baltimore Md.

U.S. National Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

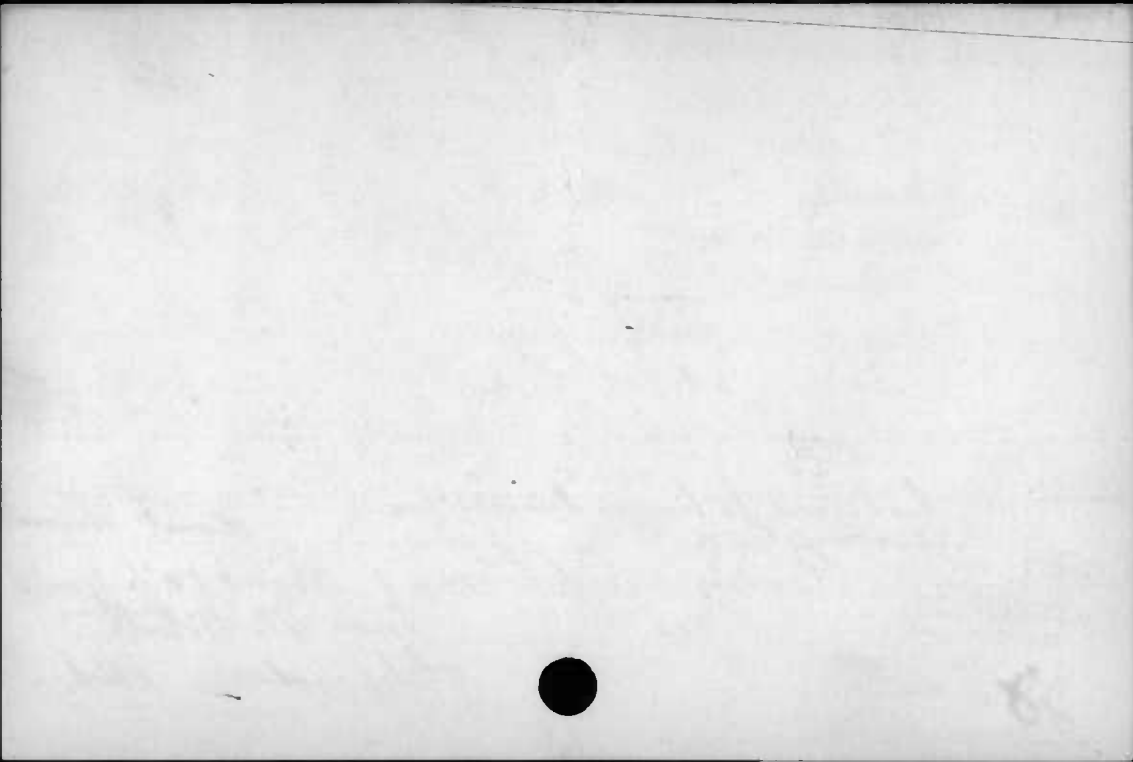
Died at		Town		County		MARYLAND	
Sparrows Point		Baltimore					
Date of death	190	Month	Apr.	Day	28	Age	70
Sex	Male	Color or Race	White	Birth-place	Ireland		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name	Unknown			Father's Birthplace		Ireland	
Mother's Maiden Name	Unknown			Mother's Birthplace		Ireland	
Name of person giving information	for Blair			How related to deceased		None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

154



Name
in
Full

Robert B Keyes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Garrison		County Batto		MARYLAND	
Date of death	1907	Month April	Day 22	Age Years	28	Months	Days
Sex	Male		Color or Race	White		Birth- place	Batto Co. Md.
Occupation	Horse man			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	George Keyes					Father's Birthplace	Canada
Mother's Maiden Name	Ann McCabe					Mother's Birthplace	
Name of person giving Information	George Keyes					How related to deceased	Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	believed to have been from Assassination	How long	don't know
Immediate	Consumption	How long	about 1 1/2 years
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Jno. W. White
		Address	Blyndon, Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gorantown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Sept</i> ^{Month}	<i>1</i> ^{Day}	Age <i>38</i> ^{Years}	<i>2</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Harford Co. Md</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Gorantown Md</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Joseph L. W. Kimball</i>				
Father's Name <i>Jas. Clancy</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Kate O'Wadey</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Annie Clancy</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>5 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Deaneau</i>
	Address <i>Gorantown Md.</i>
Accident or Suicide?	

H. C. Widefeld

914 Greenmount Ave

Interment in

Cathedral Cemetery

Beaumont & Ave
met to Arlington Ave

Name
in
Full

George W. King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Seatonsville ^{Town} Putto ^{County}

Date of death **190** 7 ^{Month} April ^{Day} 14 ^{Years} 39 ^{Months} 0 ^{Days} 0

Sex Male Color or Race White Birth-place Maryland

Occupation Mechanic Where Residing if not at place of death X

Married, Single or Widowed Married Name of Wife or Husband Magdalena Burdgan

Father's Name Elmer King Father's Birthplace England

Mother's Maiden Name unknown Mother's Birthplace Baltimore

Name of person giving information John W. Burdgan How related to deceased brother-in-law

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

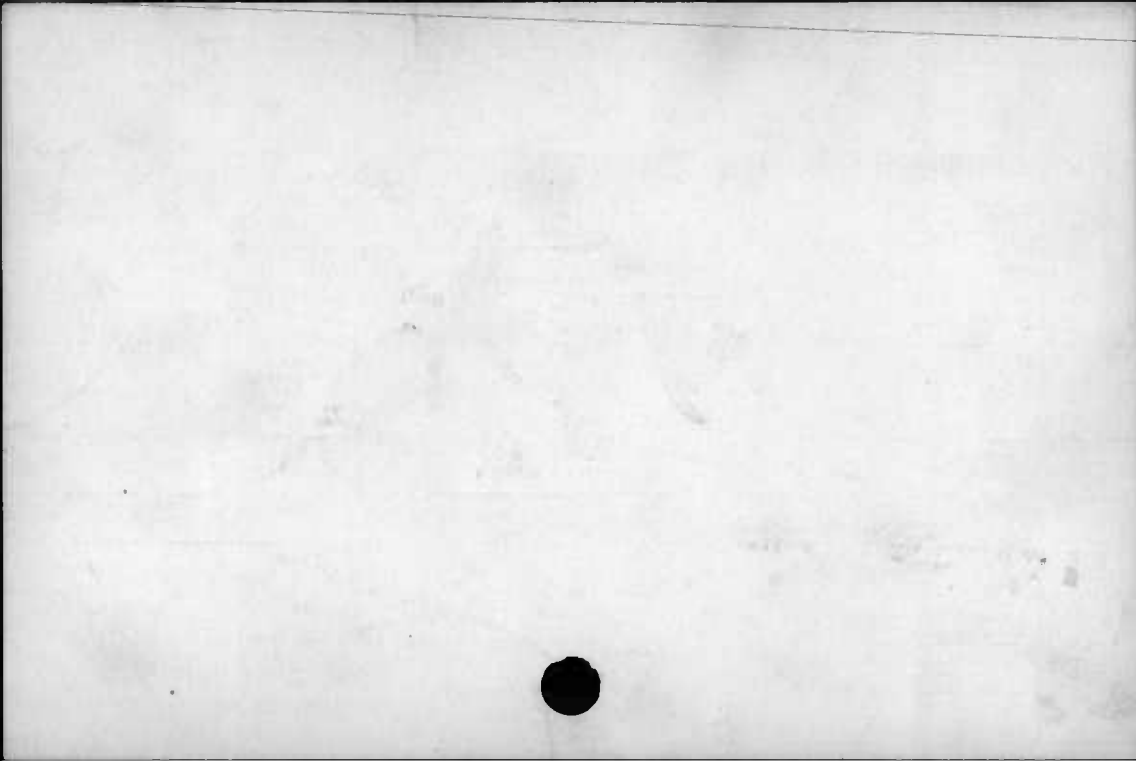
Primary General Paresis How long 4 yrs

Immediate Exhaustion How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. H. Wade
Address Seatonsville, Md

Accident or Suicide? No



Name

in
Full

Rosa May Hook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

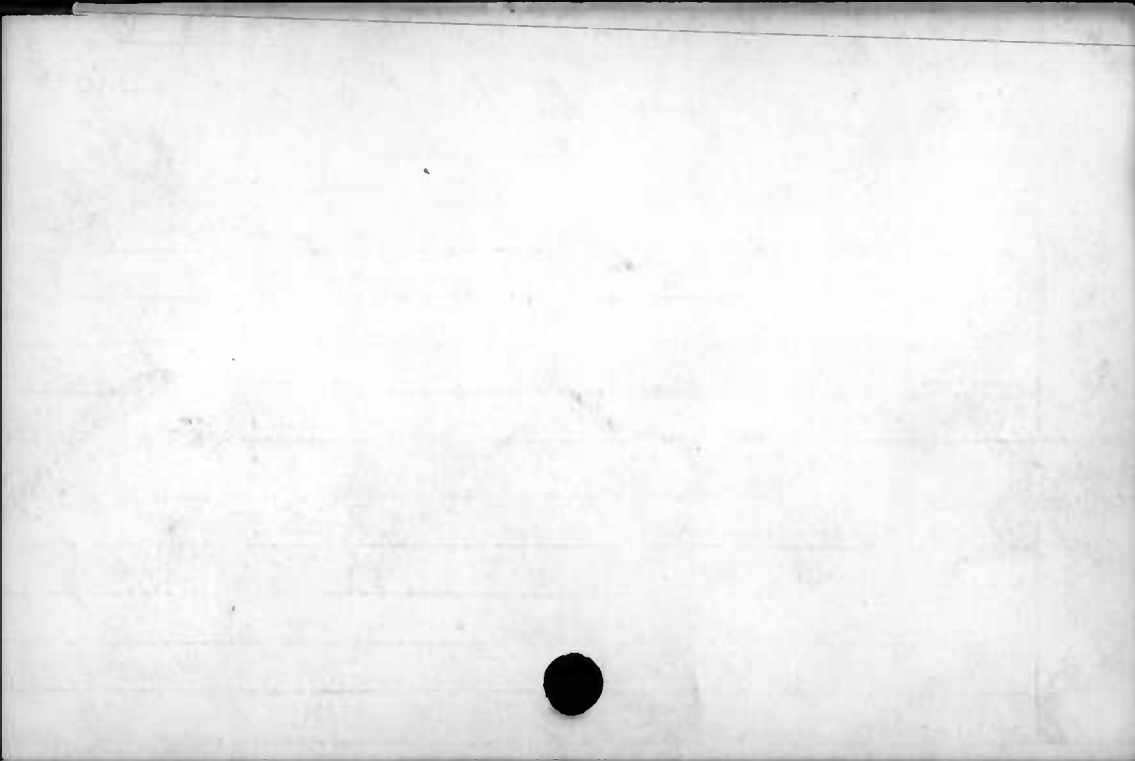
Died at <i>near Ellicott City</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>7</i> ^{Month}	<i>14</i> ^{Day}	Age <i>38</i> ^{Years}	<i>10</i> ^{Months}	<i>15</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ellicott City Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. Edward Hook</i>				
Father's Name <i>Christopher F. Hermann</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Balto. Co. Md.</i>		
Mother's Maiden Name <i>Alvada Dwyall</i>	Name of person giving information <i>J. Edw. Hook</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Acute Pneumonia, Pulmonary Phthisis</i>	How long <i>About 20 months</i>
Immediate <i>Syncope</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Leah M. Monahan</i>
	Address <i>Dickeyville Md.</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Marie Landa

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>4</i> <small>Day</small>	<i>27</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>1</i> <small>Days</small>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birth-place	<i>Balto Co.</i>	
			Where Residing if not at place of death	<i>1021 - 1st St.</i>	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Jos. Landa</i>		
Mother's Maiden Name			<i>Hetnig Ulbrich</i>		
Name of person giving information			<i>Jos. Landa</i>		
			Father's Birthplace	<i>Austria</i>	
			Mother's Birthplace	<i>Germany</i>	
			How related to deceased	<i>Father</i>	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Alfred Schenning</i>
		Address	<i>504 Third St.</i>
Accident or Suicide?			<i>midwife</i>

Sacret Heart
Cemetery
Hernig son
4/27/07

Name in Full *Lednum Lydia*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leutensville</i> ^{Town}		<i>Butte</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>29</i>	Age <i>61</i> Years	Months Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>Seamstress</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <i>unk.</i>	Father's Birthplace <i>unk.</i>				
Mother's Maiden Name <i>unk.</i>	Mother's Birthplace <i>unk.</i>				
Name of person giving information <i>-</i>	How related to deceased <input checked="" type="checkbox"/>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Dementia.</i>	How long <i>15 yrs.</i>
Immediate <i>Valvular Dis of Heart</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Wade</i>
Address <i>Leutensville, Ind.</i>	
Accident or Suicide? <i>No.</i>	

Name
in
Full

Anna J. Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gorsuch Mills* Town

Baltimore County

Date of death *1902* Month *Apr* Day *13*

Age *37* Years

Months *4*

Days *8*

Sex *Female*

Color or Race *White*

Birth-place *Bald Co*

Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *J. Webster Lee*

Father's Name *John & Edie*

Father's Birthplace *Penna.*

Mother's Maiden Name *Mary Ann Fulschert*

Mother's Birthplace *Pennna*

Name of person giving information *J. Webster Lee*

How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

How long

Immediate

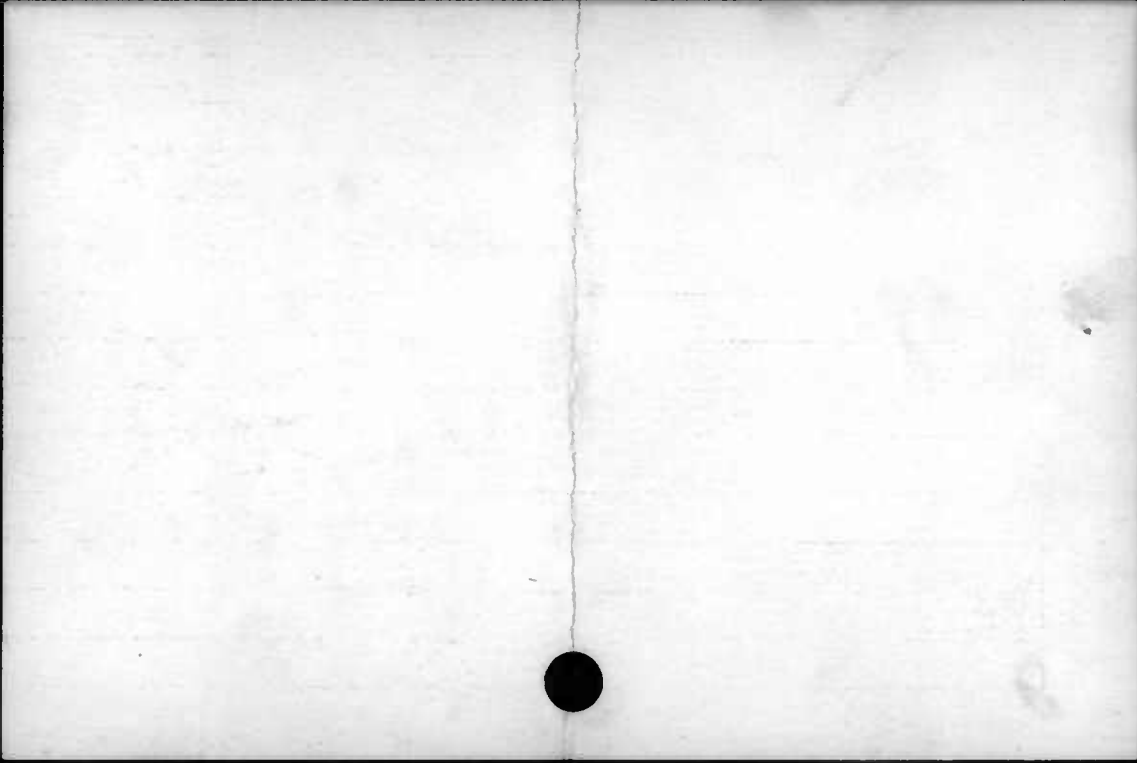
How long *3 yrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James M. Free*

Address *Stewartstown Pa*

Accident or Suicide?



Name
in
Full

Robert W. Lee

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lutherville		County Baltimore		MARYLAND	
Date of death	1907	Month Apr	Day 10	Age 4	Years	Months 5	Days 4
Sex	Male		Color or Race	Colored		Birth- place	
Occupation	Chief			Where Residing if not at place of death Lutherville			
Married, Single or Widowed	X		Name of Wife or Husband	X			
Father's Name	James W. Lee			Father's Birthplace Virginia			
Mother's Maiden Name	Sarah J. Bosley			Mother's Birthplace Maryland			
Name of person giving in formation	James W. Lee			How related to deceased Father			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Supposed "Meningitis"		How long	Unknown
Immediate	Cardiac depression		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician R. B. Nassenburg M.D.	
			Address Joseph B. Herbert Coroner.	
				
Accident or Suicide?				

Alex. Hensley

Burial

Stevenson Chapel.
at Sparks, Idaho

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fullerton</u> Town		<u>Litz</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>12</u>	Age <u>11</u>	Months <u>11</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Above</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Geo M Litz</u>			Father's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Bruff</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving information <u>Geo M Litz</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia following Measles</u>	How long <u>Several Weeks</u>
Immediate <u>Exhaustion</u>	How long <u>Several Hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Luigard Whitford</u>
<u>To best of my knowledge</u>	Address <u>Fullerton, Md.</u>
Accident or Suicide?	

Entertainment

Holy Redeemer

Cenit

Geo. W. Braumner

Belong Road

under Laker

Name
in
Full

CERTIFICATE OF DEATH

Mary A. Lloyd

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Batts.</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>April</u> <small>Month</small>	<u>29</u> <small>Day</small>	<u>38</u> <small>Years</small>	<u>27</u> <small>Months</small>	<u>27</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>Domestic</u>	Where Residing if not at place of death <u>215. Toone St</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Charles Lloyd</u>				
Father's Name <u>James Smith</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Sarah Smith</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Charles Lloyd</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

104

Physician
OR CORONER

Primary <u>Acute Indigestion</u>	How long <u>4 hours</u>
Immediate <u>Paralysis of the Heart</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. A. Dunningan</u>
<u>8</u> <u>Natural</u>	Address <u>203 Toone St. Baltimore</u>
Accident or Suicide?	

Oak Lawn Cemetery
Herrig & Son
2008 Orleans St
4/30/07

Name

Charles Griffith Worthington Macgill
 Town *Catonville* County *Baltimore Co*

CERTIFICATE OF DEATH

MARYLAND

Died at *Catonville*
 Date of death *1907* Month *4* Day *28* Age *73* Years Months *11* Days *13*

Sex *Male* Color or Race *White* Birthplace *Hagerstown Md*

Occupation *Physician* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Louise Thompson McEndree*

Father's Name *Dr Charles Macgill* Father's Birthplace *Baltimore Md*

Mother's Maiden Name *Mary Ragan* Mother's Birthplace *Hagerstown Md*

Name of person giving information *Chas Macgill* How related to deceased *Son*

CAUSES OF DEATH

Primary *Ortital Vitelation & Incompetency* How long *2 years*
Interstitial Nephritis

Immediate *Progressive heart failure* How long *8 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas Macgill*

Address *Catonville*

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J. W. Jenkins sons & co,
London Park.

Name
in
Full

Mr. William MacLean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sherwood</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>4</i> <small>Day</small>	<i>22</i> <small>Age</small>	<i>68</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>none</i>	Where Residing at place of death	<i>New York visiting Sherwood</i>		
Married, Single or Widowed	<i>widowed</i>	Name of Wife or Husband	<i>Not known</i>		
Father's Name	<i>William MacLean</i>			Father's Birthplace	<i>Not known</i>
Mother's Maiden Name	<i>J. C. Brown</i>			Mother's Birthplace	<i>Not known</i>
Name of person giving information	<i>Miss Annie Burns</i>			How related to deceased	<i>none</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>(Prob.) Heart Lesion</i>	How long	<i>—</i>
Immediate	<i>Reflex ? Confusion</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. Burdett Skinner</i>
		Address	<i>Riden Md</i>
Accident or Suicide?	<i>Joseph B. Herbert, Coroner</i>		

John Burns Sons
Jewelry

Greenwood
Century
Brookland
N. Y.

Name
in
Full

Joseph V. Mahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pockessville		County Baltimore		MARYLAND	
Date of death		190	Month 7	Day 5 th	Age 23	Years	Months 28
Sex Male		Color or Race White		Birth-place Baltimore			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John J. Mahan		Father's Birthplace Baltimore					
Mother's Maiden Name Mary E. Mahan		Mother's Birthplace Baltimore					
Name of person giving information John J. Mahan		How related to deceased Father					

CAUSES OF DEATH

27

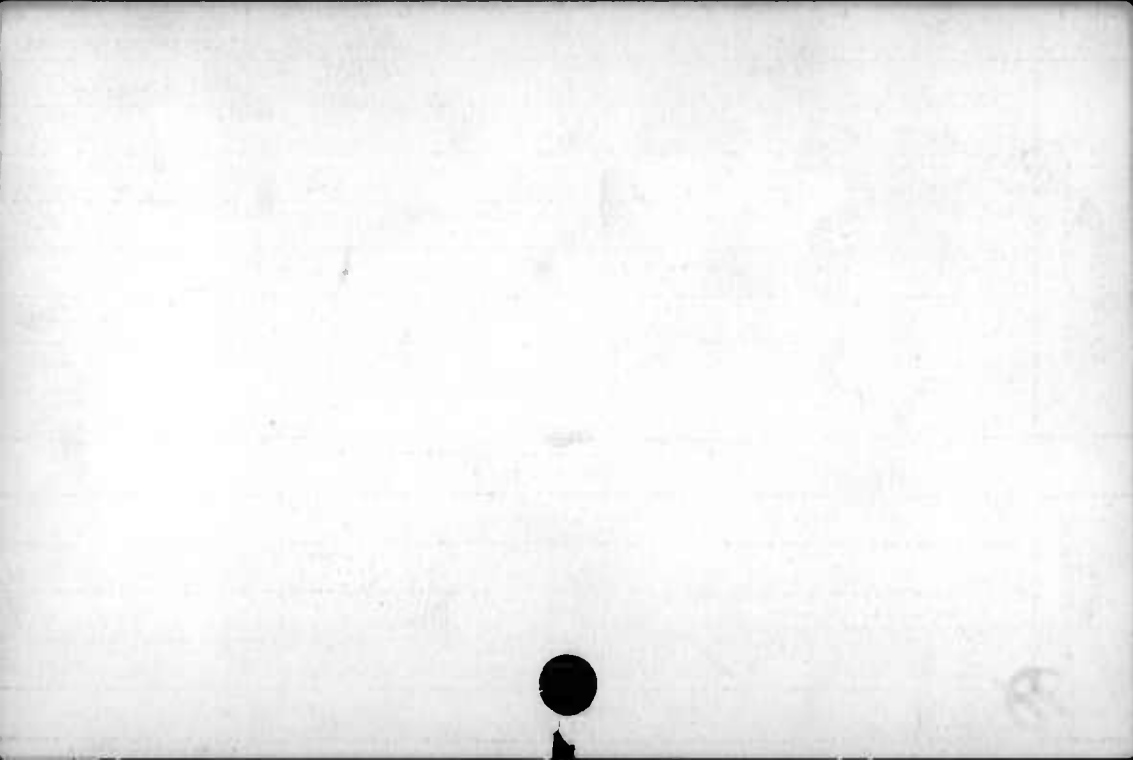
PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	2 or 3 years
Immediate	Exhaustion	How long	Short
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. H. Reynolds, M.D.	
Address		809 N. Charles St.	
Accident or Suicide?		Neither	

Cathedral Cemetery Apr. 8/07
Baltimore

Henry W. Mears ^{son} Son.

Name in Full		Nathania Maisel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cottansville</i> Town			<i>Baldwin</i> County		MARYLAND	
	Date of death <i>1907</i> April		Day <i>13</i>	Age <i>41</i> Years	Months <i>5</i>	Days <i>4</i>	
	Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>		
	Occupation <i>Housewife</i>			Where Residing if not at place of death <i>577 Inglewile Ave</i>			
	Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Fredrick Maisel</i>				
	Father's Name <i>Moore</i>			Father's Birthplace <i>Ireland</i>			
	Mother's Maiden Name <i>Curran</i>			Mother's Birthplace <i>Ireland</i>			
	Name of person giving information <i>Mary Maisel</i>			How related to deceased <i>daughter</i>			
CAUSES OF DEATH 137							
PHYSICIAN OR CORONER	Primary <i>abdominal case</i>			How long <i>7 weeks</i>			
	Immediate <i>Puerperal Septicemia</i>			How long <i>5 weeks</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Dr. [illegible]</i>			
				Address <i>1618 Madison Ave.</i>			
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; margin-right: 10px;"></div> Accident or Suicide? </div>							



Name
in
Full

Anna Mary Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Parkville <small>Town</small>		Baltimore <small>County</small>		MARYLAND	
Date of death 1907	4 <small>Month</small>	27 <small>Day</small>	76 <small>Years</small>	11 <small>Months</small>	<small>Days</small>
Sex Female	Color or Race white		Birth-place Europe		
Occupation Housewife	Where Residing if not at place of death Parkville Ind				
Married Widowed	Name of Wife Husband Andrew Miller				
Father's Name J Miller	Father's Birthplace Europe				
Mother's Maiden Name Anna Getler	Mother's Birthplace " "				
Name of person giving information Anna Miller	How related to deceased Daughter				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Chronic Gastric Intest. Debility	How long
Immediate Fatigue of vital forces	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Wm. J. Whitford
	Address Parkville, Ind
Accident or Suicide	

St Joseph

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Charles Miller Town Baynesville County Balto

Died at Baynesville Md

Date of death April 1907 Month April Day 3 Years 39 Months — Days —

Sex Male Color or Race White Birth-place Germany

Occupation Farmer Where Residing if not at place of death Baynesville

Married, Single or Widowed Married Name of Wife or Husband Katherine

Father's Name Not known Father's Birthplace Germany

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information Katherine Miller How related to deceased Wife

CAUSES OF DEATH

166
How long

PHYSICIAN
OR CORONER

Primary Traumatic Gangrene How long 7 days

Immediate Sepsaemia How long 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Geary A. Long M.D.

Address Hamilton Md

Accident or Suicide? accident.

St Johns Cemetery
Carmy, Md.

E A Wiedefeld Jr
2113 Greenmount Ave.

Name
in
Full

Isabelle Morrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belle View</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>23</i>	Age <i>47</i>	Years <i>47</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>House-wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry Morrow</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Henry Morrow</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho-Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Pulmonary Edema</i>	How long <i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. L. Wilkinson M.D.</i>
<i>X</i> Accident or Suicide?	Address <i>Raspeburg P.O. Balt. Co. Ind.</i>

J. Herwig & Son
2008 Orleans St.
Balto. Cemetery

Name
in
Full

Chas Imudock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

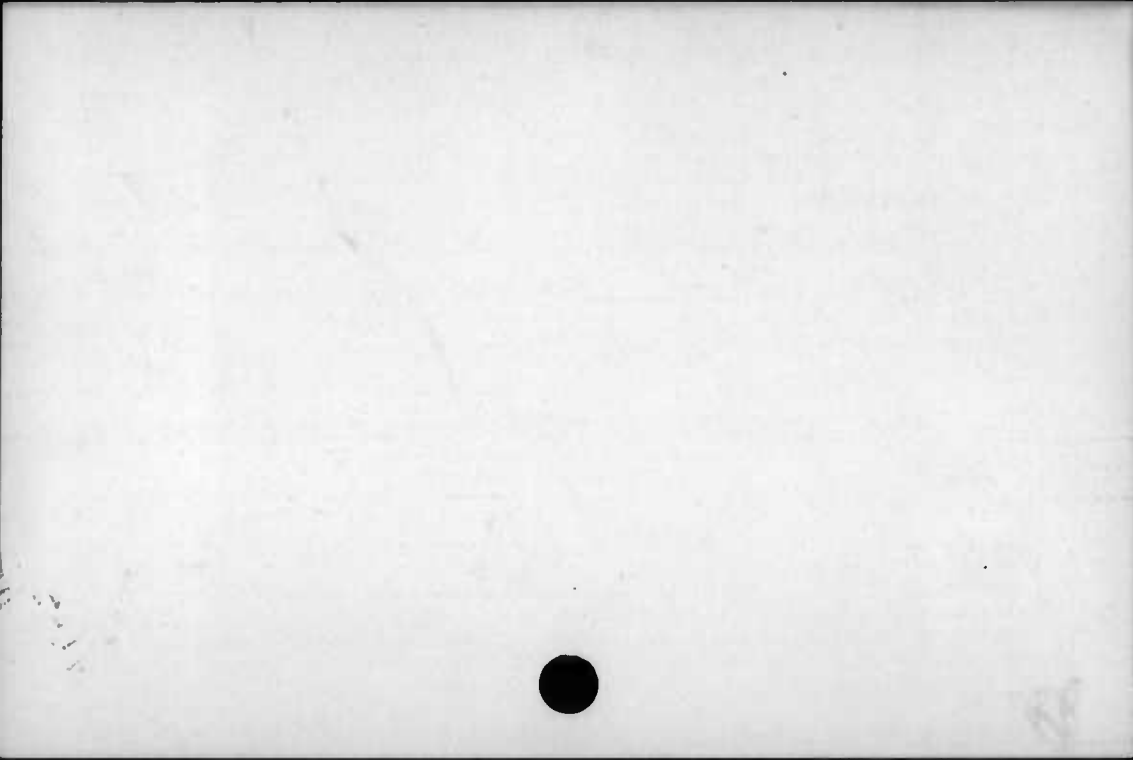
Died at <u>Grants</u> ^{Town}		<u>Balt</u> ^{County}		MARYLAND	
Date of death	1907	Month	apr	Day	22
Age	40	Years		Months	
Sex	male	Color or Race	black	Birthplace	Ind
Occupation	laborer	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Mary Imudock		
Father's Name	OK	Father's Birthplace	OK		
Mother's Maiden Name	OK	Mother's Birthplace	OK		
Name of person giving information	Alphus Idy		How related to deceased		son

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Cerebral Concussion	Hexagon	Instant
Immediate	Fell from wagon on his head, while in- toxicated.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Due to fall from a wagon, while intoxicated.		Address	
Accident or Suicide?		Accident	



Name
in
Full

Emmi F Nicholson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

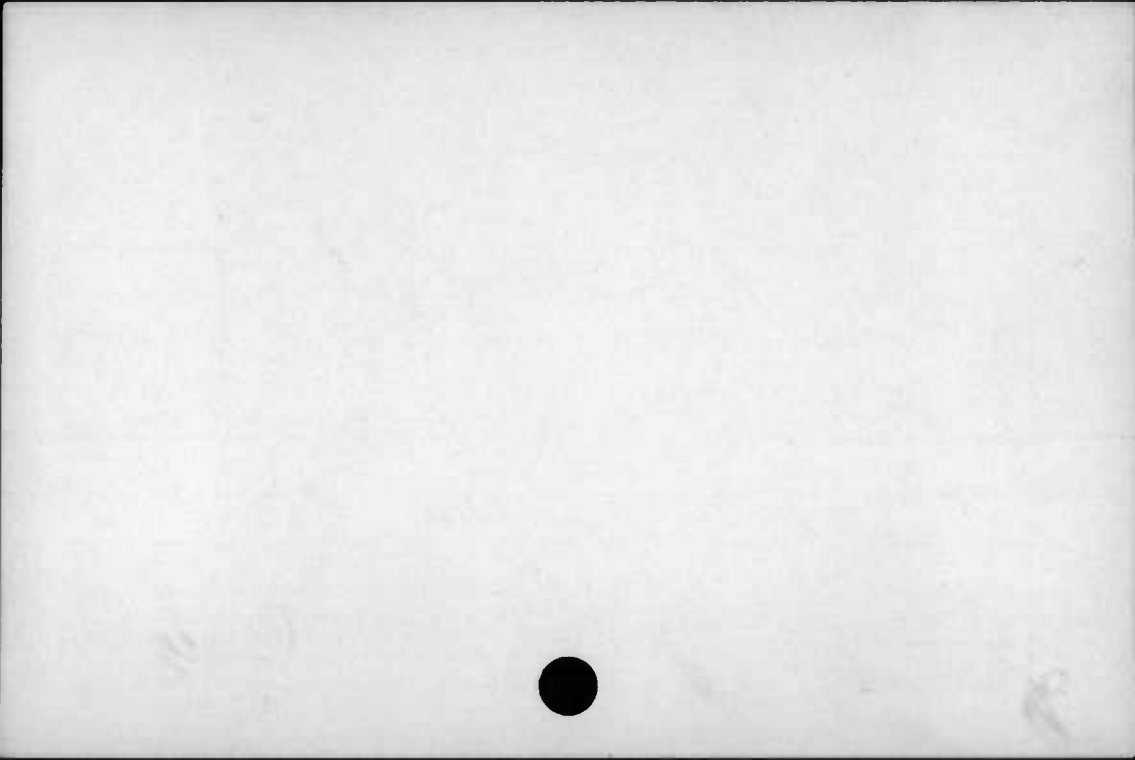
Died at <i>Reisterstown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>18</i>	Age <i>66</i>	Years <i>66</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto co Md</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry G Nicholson</i>				
Father's Name <i>David Fulmyer</i>	Father's Birthplace <i>Balto co Md</i>				
Mother's Maiden Name <i>Annie Banks</i>	Mother's Birthplace <i>Carroll co, Md</i>				
Name of person giving information <i>Henry G Nicholson</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>4 hrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. Blader</i>
	Address <i>Reisterstown Md</i>
Accident or Suicide?	



Name
in
Full

David Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belmont Park</i>		Town <i>Belmont</i>		County <i>Co</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>April</i>		Day <i>29</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Months <i>10</i> Days <i>21</i>	
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Not known</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>William Doyle</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Age.</i>	How long <i>(64)</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R.B. Munnell M.D.</i>
	Address <i>3343 Chestnut Ave Belmont Md.</i>
Accident or Suicide? <i>No</i>	

St Charles Cemetery.
at Oshtemo
May 2/07
Win Crook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

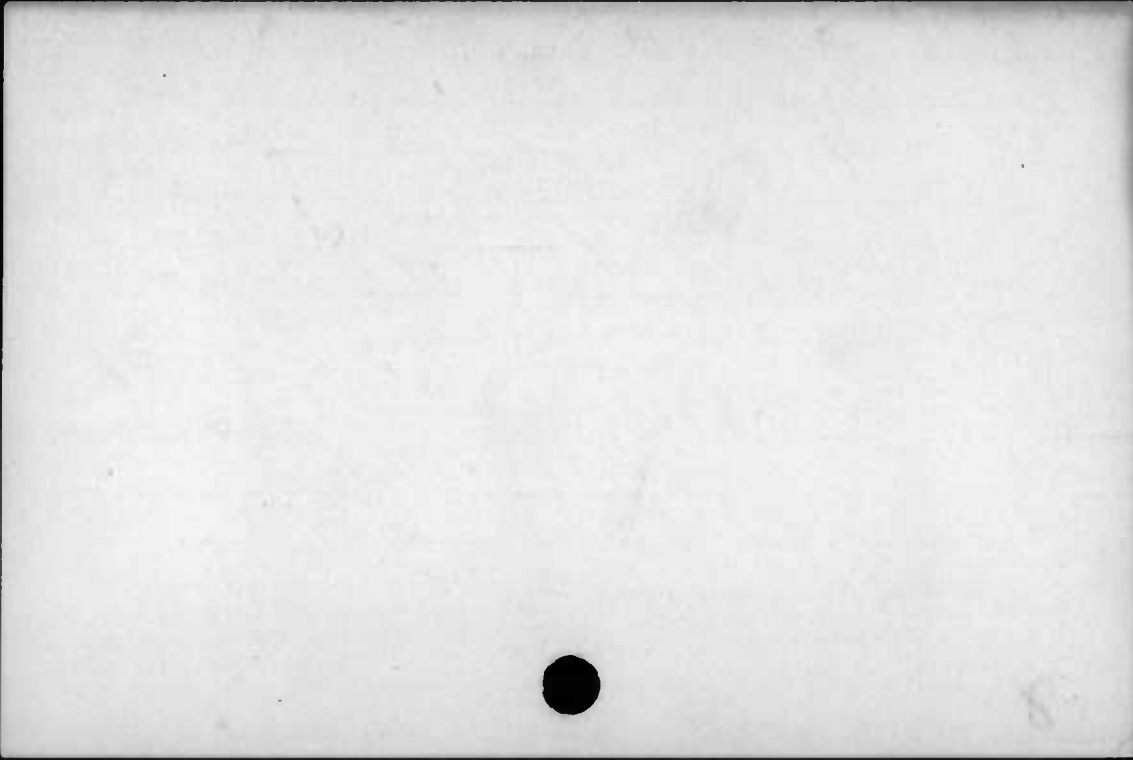
Died at		Town <i>Catoonsville</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month <i>Apr</i>	Day <i>6</i>	Years <i>55</i>	Months <i>—</i>		Days <i>—</i>
Sex <i>Mr</i>	Color or Race <i>white</i>		Birth-place <i>Balto Md</i>				
Occupation <i>Jeweler</i>		Where Residing if not at place of death <i>Catoonsville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Agusta F Pohlman</i>					
Father's Name <i>Daniel Pohlman</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Fredencka Hemyer</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Fredencka Pohlman</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism & Bright's Disease</i>	How long <i>ten years</i>
Immediate	<i>Heart-failure due to valvular trouble</i>	How long <i>3 months.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Alfred S. Parkhurst MD</i>
		Address <i>1410 Park Avenue City</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carney</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death 1907 <i>4</i> <small>Month</small>		<i>11</i> <small>Day</small>	Age <i>63</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Europe</i>			
Occupation <i>Farmer</i>	Where Residing If not at place of death <i>Carney</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Rachel Green</i>				
Father's Name <i>Adam Popp</i>	Father's Birthplace <i>Europe</i>				
Mother's Maiden Name <i>Barb</i>	Mother's Birthplace				
Name of person giving information <i>Frank Popp</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Atherosclerosis</i>	How long <i>3 da</i>
Immediate <i>Atherosclerosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Leary L. Jones M.D.</i>
<i>8</i>	Address <i>Hamilton, Ind</i>
	<i>Ind</i>
Accident or Suicide? <i>No</i>	

Hiss

Name
in
Full

Wm Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chase Town Baer County

Date of death 1907 April Month 15 Day 68 Years Age 68 Months — Days —

Sex Male Color or Race White Birth-place Ind

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband Mary Collins

Father's Name George Porter Father's Birthplace Ind.

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information — How related to deceased —

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Cancer of Stomach How long 6 mo

Immediate — How long —

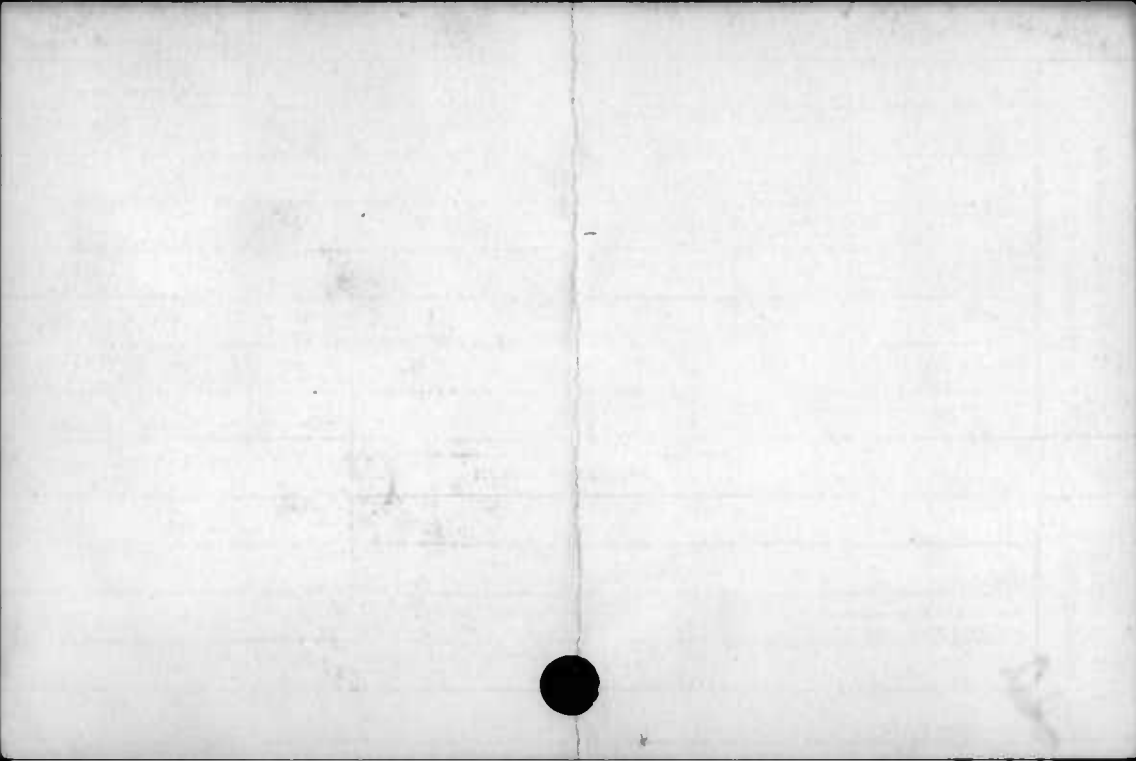
Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician E. V. Wallace

Address Prossville

Ind

Accident or Suicide? X



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near P. Lick</i>		Town <i>P. Lick</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>29th</i>	Years <i>43</i>	Months <i>0</i>	Days <i>0</i>		
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Bedford Co. Va.</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>near P. Lick</i>						
Married, Single or Widowed <i>Married</i>	Name or Wife or Husband <i>Mary Elizabeth Priest</i>						
Father's Name <i>don't know</i>	Father's Birthplace <i>don't know</i>						
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>don't know</i>						
Name of person giving information <i>Mary Elizabeth Priest</i>	How related to deceased <i>wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>3 or 4 yrs.</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>Coroner</i> <i>H. Holliday Emick</i>
	Address <i>Arlington, Md.</i>
Accident or Suicide? <i>Accident</i>	

Felix B. Ryan

Wm. Olmsted Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alfred Williams, Pur</i>		Town <i>Catonville</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Catonville</i>		Month <i>August</i>		Day <i>20th</i>		Years <i>62</i>	
Date of death <i>1907</i>		Month <i>August</i>		Day <i>20th</i>		Years <i>62</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Howard Co. Md</i>		Months <i>8</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Howard Co</i>		Months <i>8</i>		Days <i>-</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Katherine Williams</i>		Father's Birthplace <i>Balto City</i>		Mother's Birthplace <i>Howard Co. Md</i>	
Father's Name <i>Charles R. Pur</i>		Mother's Maiden Name <i>Emily Williams</i>		How related to deceased <i>Friend</i>		Name of person giving information <i>J Chas Macgill</i>	

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary <i>Epithelioma of left side of face Six years</i>	How long <i>Six years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J Chas Macgill</i>
	Address <i>Catonville</i>
Accident or Suicide?	<i>Ind</i>

Hillsinger's
St. John's Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pimlico</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	7	Month	4	Day	22
Age		47		Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>N.Y.</i>	
Occupation <i>Horseman</i>		Where Residing if not at place of death <i>Pimlico</i>			
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Geo. Myers</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<i>Congestion of Lung.</i>	How long	<i>48 hrs.</i>
Immediate	<i>Heart Exhaustion</i>	How long	<i>4 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. D. Wells</i>	
		Address <i>Arlington.</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			

Jacob H. Knapp
Undertaker -
Grand Ridge Cemetery.

Name
in
Full

Elizabeth Rogers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

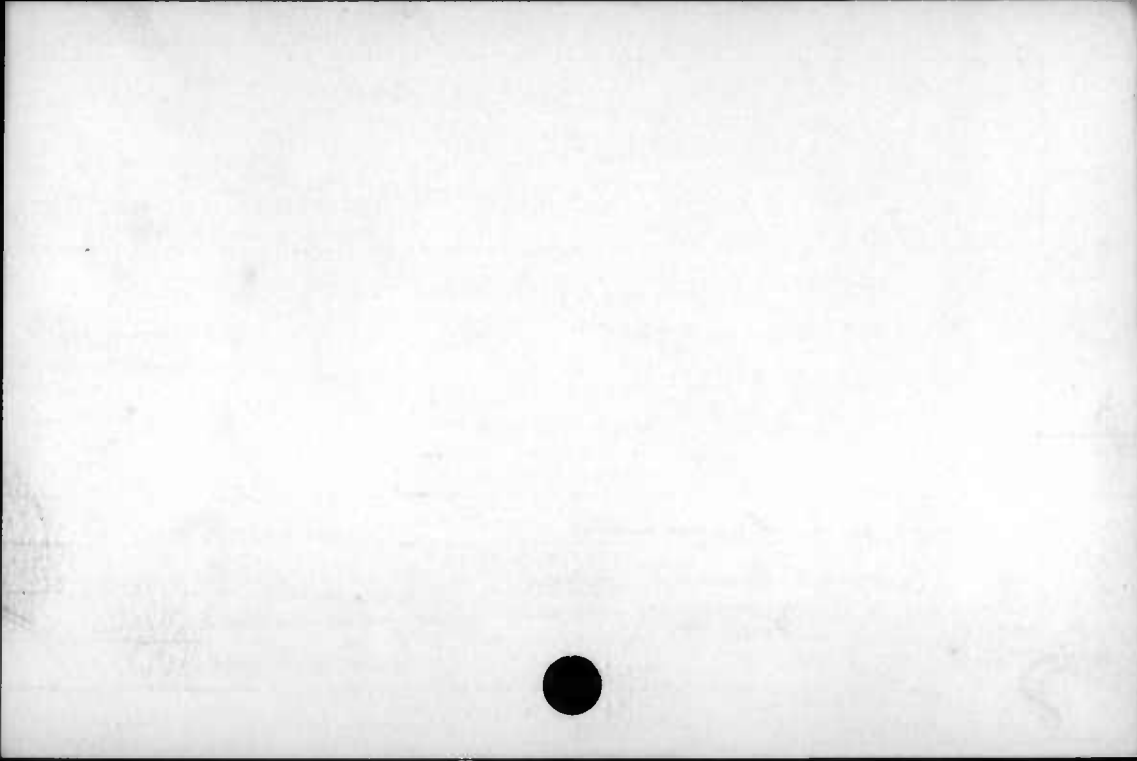
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		April	10	78			
Sex	Female	Color or Race	Colored	Birth-place	New		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name		- Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Heart failure		How long	
Immediate	Senile Dementia		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	C. V. Wallace
			Address	Porsville Md
Accident or Suicide?				



Name
in
Full

C. Lyon Rogers Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Wilson</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907 April 30</i>		Age <i>78</i>		Months <i>4</i>	Days <i>14</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co Md</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Mt Wilson Baltimore Co</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ann Rebecca Rogers</i>			
Father's Name <i>Micajah Rogers</i>		Father's Birthplace <i>Massachusetts</i>			
Mother's Maiden Name <i>Mary Lyon</i>		Mother's Birthplace <i>Baltimore Co</i>			
Name of person giving information <i>James Lyon Rogers</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	79	How long <i>several months</i>
Immediate <i>congestion lungs</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. E. Nye</i>
		Address <i>Refersence Md.</i>
Accident or Suicide?		

Henry W Jenkins & Sons Co
Baltimore

Place of Burial

Garrison Forest

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth M. Rudiger</i>		Town <i>Towson</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Towson</i>		Month <i>April</i>		Day <i>13</i>		Years <i>15</i>	
Date of death <i>1907</i>		Month <i>April</i>		Day <i>13</i>		Years <i>15</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto. Co.</i>		Months <i>11</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Towson</i>		Days <i>5</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Birthplace <i>W. H. H. H.</i>		Mother's Birthplace <i>Long Green Co. Balto.</i>	
Father's Name <i>Julius Rudiger of A.</i>		Mother's Maiden Name <i>Katherine M. Schneider</i>		How related to deceased <i>Mother</i>			
Name of person giving information <i>Mrs Julius M. Rudiger</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Tubercular meningitis*
Immediate *Coma + asphyxia*

28

How long *Six days*
How long *Six days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Dr. J. J. J. J.
Towson, Md.

Accident or Suicide?

J. Lee Burns Sons
Mt. Marie
Cant.
Louisiana

Name
in
Full

Mrs Lida Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

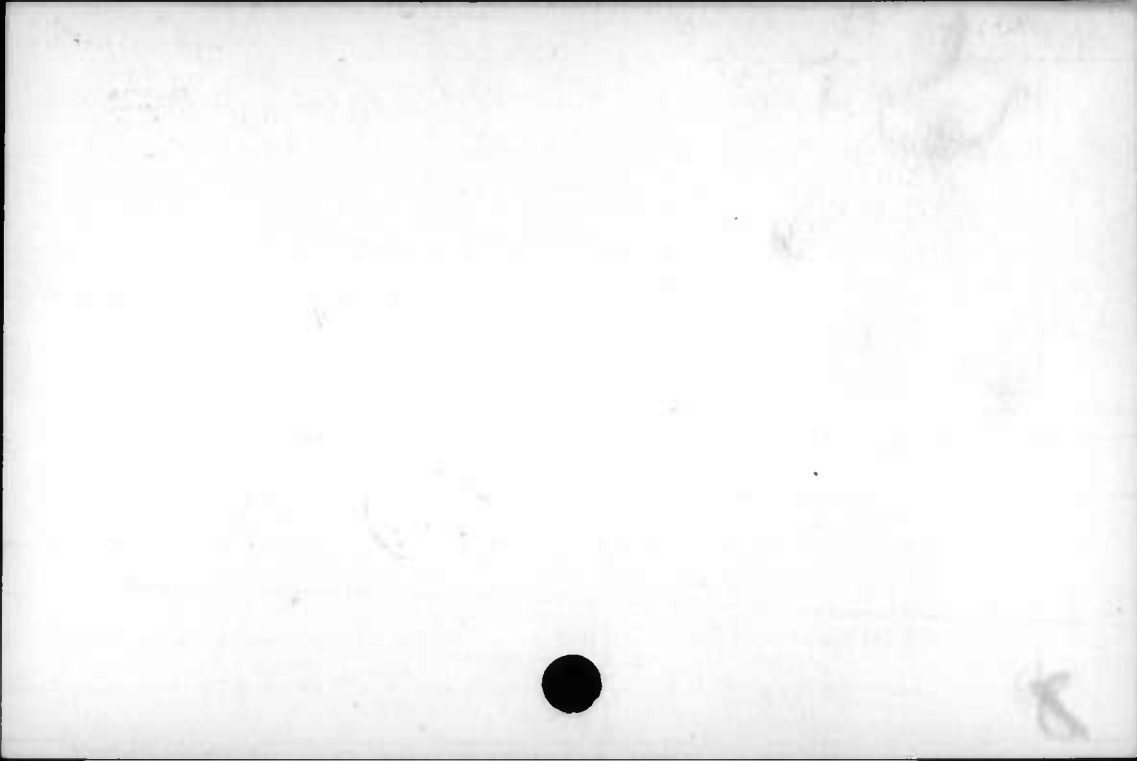
Died at <i>W. Agnes Hospital</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>apr.</i>	Day <i>23</i>	Age <i>32</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>513 Canal St.</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ernest Russell</i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Ernest Russell</i>			How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ruptured Uteral Pregnancy</i>	How long <i>—</i>
Immediate <i>Hemorrhage</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. W. Shaw</i>
	Address <i>W. Agnes Hospital</i>
Accident or Suicide?	

134



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Name *Henry Schultz* Town *Mt Hope Retreat* County *Baltimore*

Died at *Mt Hope Retreat*

Date of death *1907 Apr 3rd* Age *66* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Laborer* Where Residing if not at place of death *Westport Md.*

Married, Single or Widowed *Widower* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving information *Reeds Mt Hope* How related to deceased *not at all*

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary *Cerebral Congest - Meningitis* How long *abt one day*

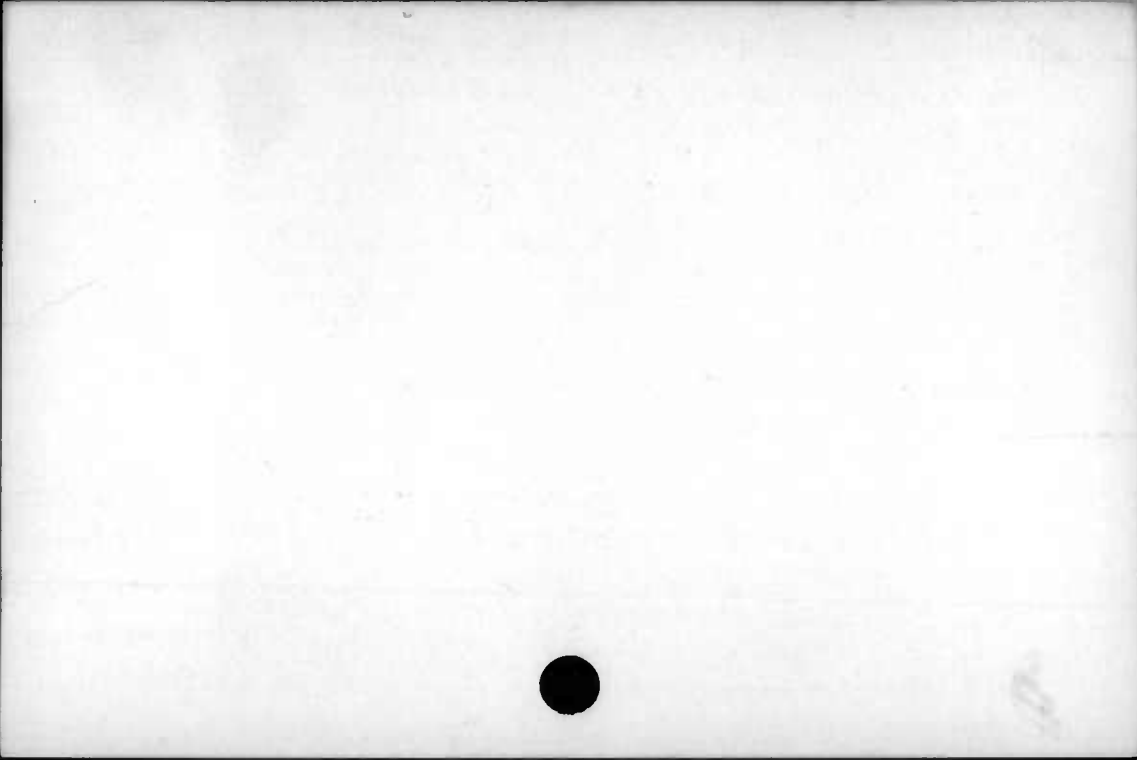
Immediate *Ex - Coma* How long *abt 10 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank J. Flannery M.D.*

Address *Mt Hope Retreat Baltimore Co Md.*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Violetsville</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death		Month <i>April</i>	Day <i>15</i>	Age <i>52</i>	Years <i>6</i>	Months <i>16</i>	Days <i>16</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Doctor</i>				Where Residing if not at place of death <i>Violetsville</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Nicholas Seitz</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Not known</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>John Seitz</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>1 Day.</i>
Immediate	<i>" "</i>	How long	<i>1 Day.</i>

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of
*Frank A Bond*Address
*Violetsville*Accident or Suicide? *Natural*

Coroner

Sacred
Heart
S.

Name
in
Full

Andrew J. Sherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Glen Arm ^{Town} Baltimore ^{County} **MARYLAND**

Date of death 1907 ^{Month} April ^{Day} 20 ^{Years} 66 ^{Months} 6 ^{Days} —

Sex Male Color or Race White Birth-place Maryland

Occupation Solicitor Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Josephine W. Sherman

Father's Name Jacob Sherman Father's Birthplace Maryland

Mother's Maiden Name Mary Ashmore Mother's Birthplace "

Name of person giving information Mrs. Saml. Francis How related to deceased Niece

CAUSES OF DEATH

(164)

PHYSICIAN
OR CORONER

Primary Cerebral hemorrhage How long 80-100 hours

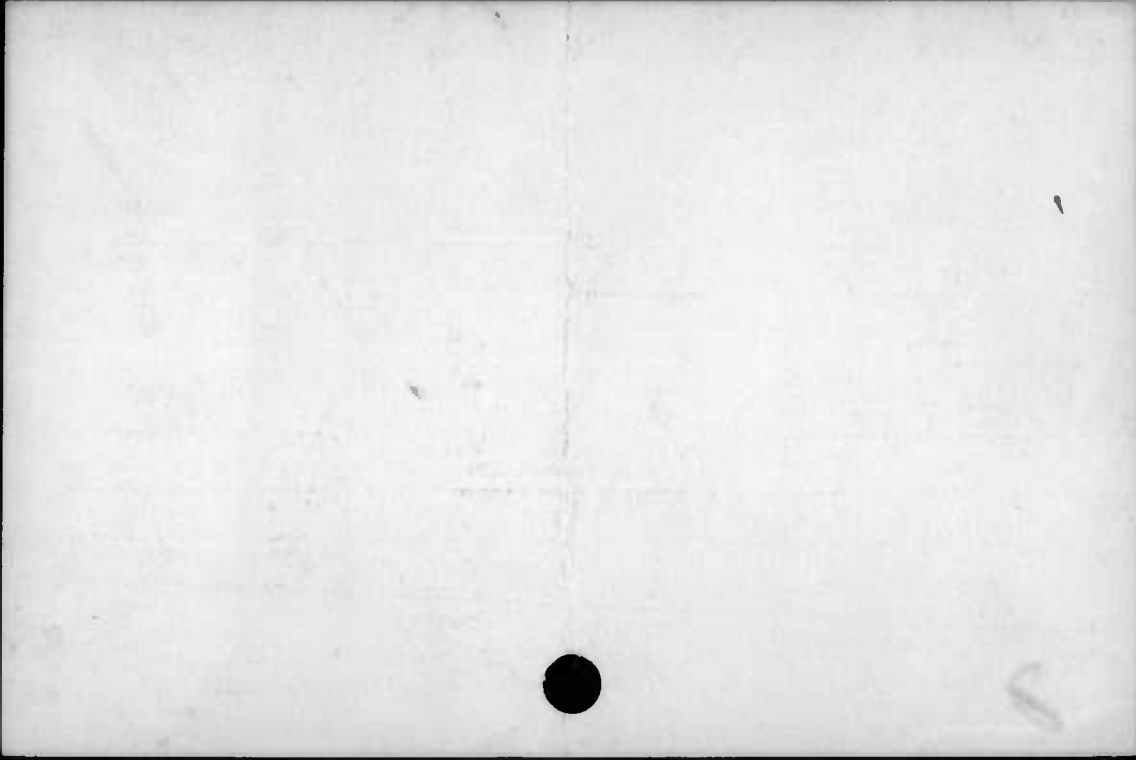
Immediate Paralysis How long 8 hours -

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician John S. Green

Address Sittings

Accident or Suicide? —



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

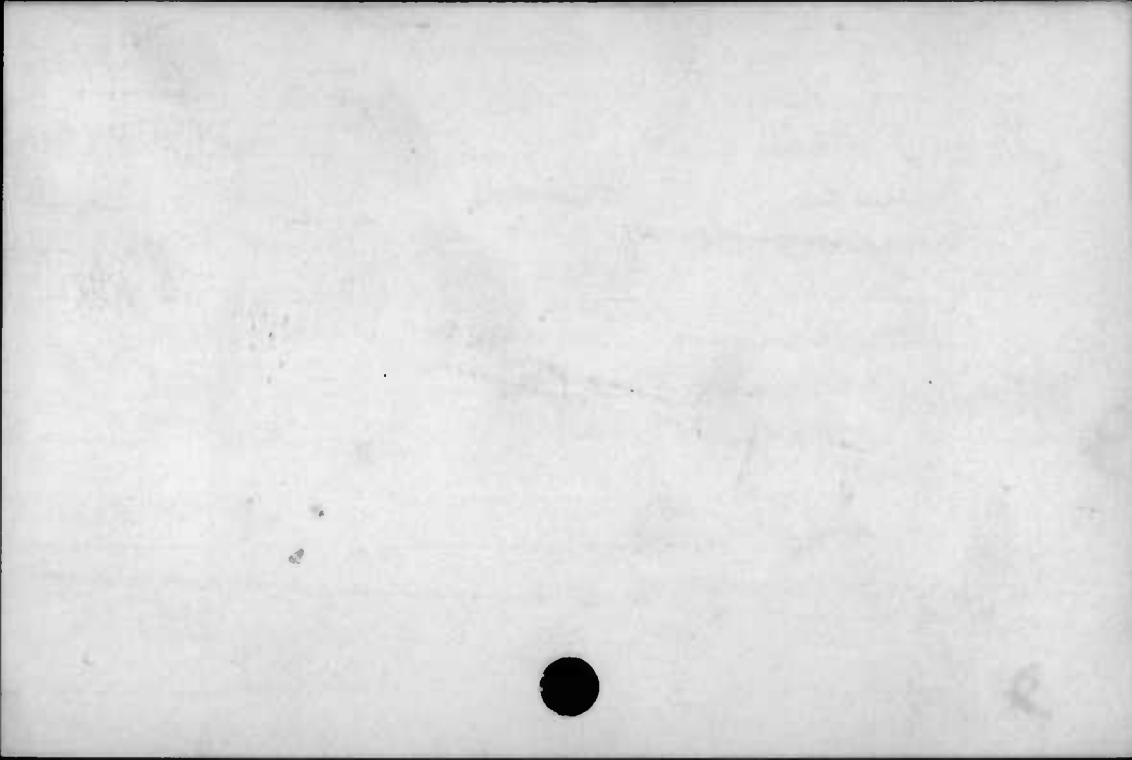
Died at <i>Rudel</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>First</i>	Age <i>58</i>	Months <i>5</i> Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Id.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Peter B. Sherman</i>				
Father's Name <i>Jacob K. Gerber</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Sophia Smith</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>W. H. G. Moore</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>ten years</i>
Immediate <i>Tuberculosis</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. R. Albright, M.D.</i>
	Address <i>Glenn Rock R. F. D. #1.</i>
Accident or Suicide? <i>no</i>	



Name in Full Adeline G. Smith		CERTIFICATE OF DEATH	
Died at Rider Town		Baltimore County	
Date of death 1907 April 7		Age 18 Years	
Sex Female		Color or Race Black	
Occupation House work		Where Residing if not at place of death Rider Md	
Married, Single or Widowed Single		Name of Wife or Husband ✓	
Father's Name Cornelius Smith		Father's Birthplace Md	
Mother's Maiden Name Ellen Young		Mother's Birthplace Md	
Name of person giving information John Young		How related to deceased Uncle	
CAUSES OF DEATH			
Primary Heart disease		How long do not know	
Immediate Paralysis		How long nine days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. L. Smith	
Address Rider Md		Address Rider Md	
Accident or Suicide? ✓			

Stark Bros & Co.

Lang Green Camp

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *August J. Smith* Town *Baltimore* County *Baltimore* MARYLAND

Died at *Baltimore*

Date of death *1907* Month *April* Day *5* Age *—* Years *—* Months *—* Days *1*

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *August Smith* Father's Birthplace *Baltimore*

Mother's Maiden Name *Louise Pettelat* Mother's Birthplace *Baltimore*

Name of person giving information *August Smith* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Premature birth, (7th month of pregnancy)*How long *(151)*Immediate *Lack of vitality (feto)*How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. M. Wright

Address

*Canton & Dillon Sts.
Baltimore*

Accident or Suicide?

Dr Wright—
Sacred Heart Con.
H. Sander & Sons

Name
in
Full

John H. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamilton</i> ^{Town}		<i>Baltimore</i> ^{County} <i>Co.</i>		MARYLAND	
Date of death <i>190</i>	<i>April</i> ^{Month}	<i>27</i> ^{Day}	Age <i>67</i> ^{Years}	<i>11</i> ^{Months}	<i>29</i> ^{Days}
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Westburyburg N. Va.</i>		
Occupation <i>Fire man in bottom mill</i>	Where Residing if not at place of death <i>Hamilton Ind</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Teresa Smith</i>				
Father's Name <i>George Smith</i>	Father's Birthplace <i>U. States of Am</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>United States</i>				
Name of person giving information <i>me</i>	<i>Hand</i>		How related to deceased <i>daughter</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Brights disease</i>	How long <i>about 5 years</i>
Immediate <i>Uremic coma</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. B. E. Vogler, M.D.</i>
<i>X</i>	Address <i>Hamilton Ave & Harbor Road</i>
	<i>Hamilton Balt. Co Ind</i>
Accident or Suicide? <i>Natural cause</i>	

Wm B Brothers

231 S. Stricker St

St. Mary's Cemetery

Govanstown

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Valentine Smith

Town

County

Died at

Govanus

Holt

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death

1907

Apr

26

60

11

Sex

M

Color or
Race

White

Birth-
place

Ireland

Occupation

machinist

Where Residing if not
at place of death

Prot at Govanus

Married, Single
or WidowedName of Wife or
Husband

Caroline Smith

Father's
Name

David Smith

Father's
Birthplace

Ireland

Mother's
Maiden Name

Margaret McDowell

Mother's
Birthplace

Ireland

Name of person giving
information

Caroline Smith

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Heart weakness

How long

1 year

Immediate

Exhaustion

How long

Several weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. H. Duccane

Address

Govanstown Md

Accident or Suicide?

Landen Park

Apr. 28/07

Wm Coof

5036 Parken

N. 12 53

Wm Coof

Dr. E. M. Coof

Name
in
Full

Annie E. Snyder

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hamilton

Baltimore

Date

Month

Day

Years

Months

Days

of death

1907

Apr

9

Age

66

Sex

female

Color or

Race

White

Birth-

place

Carroll Co

Occupation

Housewife

Where Residing if not

at place of death

White

W. Hamilton

Married, Single

or Widowed

Married

Name of Wife or

Husband

Joseph Snyder

Father's

Name

John Wolf

Father's

Birthplace

Pa

Mother's

Maiden Name

Rebecca Beller

Mother's

Birthplace

Carroll Co

Name of person giving

Information

Joe Snyder

How related

to deceased

Nephew

CAUSES OF DEATH

93

Primary

Smility

How long

3 weeks

Immediate

Pneumonia

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Walter H. Vinal

Address

Hamilton, Md.

Accident or Suicide?

Burial at
Olymmlana
Batto Co.
Md.

William Cook
502 E. North St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maggie Sofenowski</i>		Town <i>Grange</i>		County <i>Baer</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 April 16</i>		<i>16</i>		<i>18</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ma</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Michael Sofenowski</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Eva Tiers</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>3 days</i>
Immediate	<i>Bronchitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Dr G.A. Slantz</i>	
		Address	
		<i>41 Eastern Ave</i>	
Accident or Suicide?			

Dr. Blant

Can Lamm

H. Lander & Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Vietsville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907 April</i> Month		<i>9</i> Day	Age <i>51</i> Years	<i>3</i> Months	<i>15</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>Huckster</i>		Where Residing if not at place of death <i>Vietsville</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Schell</i>				
Father's Name <i>Not known by family</i>			Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>Not known by family</i>			Mother's Birthplace <i>Not known</i>		
Name of person giving information <i>Mary Schell</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Railroad accident</i>	How long <i>1 Day</i>
Immediate <i>Railroad accident</i>	How long <i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank A Bond Coroner</i>
	Address <i>Vietsville</i>
Accident or Suicide? <i>Accident</i>	<i>Baltimore County Maryland</i>

Nicholas Fink
Bonne Brac
Cumbly.

Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cockapville</i> ^{Town}		<i>Balls</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>24</i>	Age <i>57</i> Years	Months <i>1</i> Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Mrs Catharine C Knoff</i>			
Father's Name <i>Philip Stroh</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Mrs C C Stroh</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>valvular disease of heart</i>	How long <i>5 years</i>
Immediate <i>Congestion of lungs</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr W B. Dawson</i>
	Address <i>Cockapville Md</i>
	
<i>8</i> <u>Accident or Suicide?</u>	

Interment Popular Cemetery
Saturday April 29th

Having return permits
given by Rev.

M. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

Maud A. Stump.

TO BE ANSWERED BY
NEAREST FRIEND

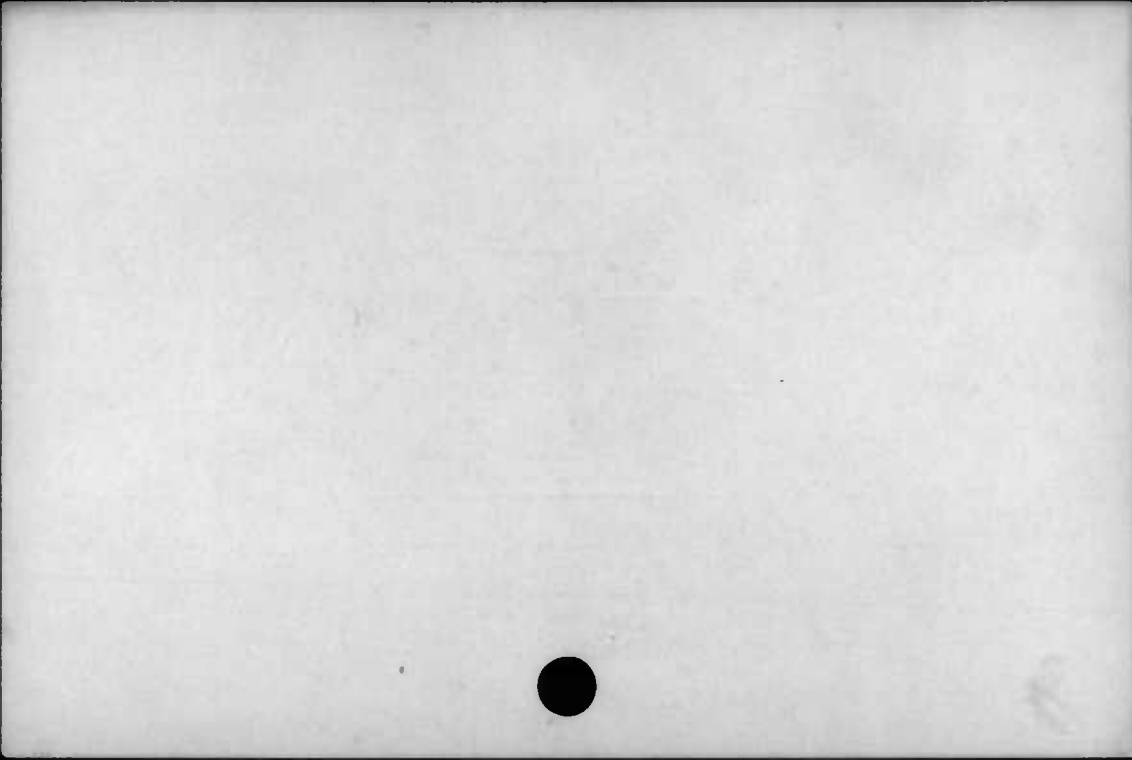
Died at <u>Hollofield</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>April</u>	Day <u>23</u>	Age <u>1</u>	Years <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		Months <u>—</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		Days <u>11</u>		
Married Single or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>George Stump</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Cora Bowers</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>—</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

Primary	<u>Broncho. Pneumonia</u>	How long <u>one week</u>
Immediate	<u>B Asthenia (General)</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Frank Q. Miller, M.D.</u>
		Address <u>Alberton, Md</u>
Accident or Suicide? <u>—</u>		<u>No</u>

PHYSICIAN
OR CORONER

92



Name
in
Full

Francis J. Swann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roland Park ^{Town}		Baltimore ^{County}		MARYLAND	
Date of death 1907	Month April	Day 1st	Age 39- ^{Years}	Months	Days 17
Sex Female	Color or Race White		Birth-place Jacksonville Fla		
Occupation None	Where Residing if not at place of death Roland Park				
Married, Single or Widowed Married	Name of Wife or Husband Louis J. Swann				
Father's Name Louis P. Smith	Father's Birthplace Plainfield N. J.				
Mother's Maiden Name Cornelia Hopkins	Mother's Birthplace Ga.				
Name of person giving information L. J. Swann	How related to deceased Husband				

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary Melanotic Sarcoma	How long 8 months
Immediate Metastasis in lung	How long two months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Warren Buckler
	Address 806 Cathedral St.
Accident or Suicide? No	

Henry. W. Jenkins & Sons Co

Greenmount Cem^y
Funeral

Wednesday April 3rd / 1877

Name
in
Full

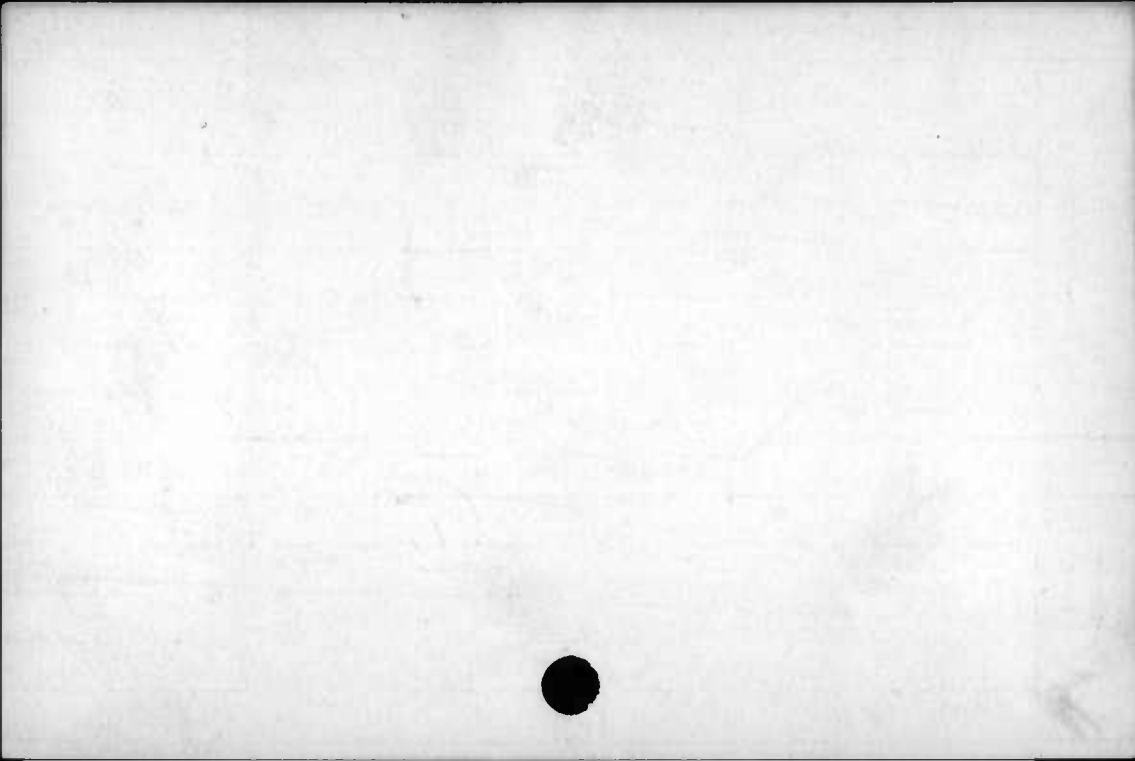
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Apr	22	35	9		
Sex	Male	Color or Race		White	Birth-place		
Occupation	Labour			Where Residing if not at place of death		311 Eden St	
Married, Single or Widowed	Married		Name of Wife or Husband		Ada Swingler		
Father's Name	John Swingler				Father's Birthplace	Germany	
Mother's Maiden Name	Annie Zepher				Mother's Birthplace	4	
Name of person giving information	Ada Swingler				How related to deceased	wife	

CAUSES OF DEATH

Primary	Asthma	How long	2 Months
Immediate	Congestive Chill	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		P.A. Drummagan	
Address		723. Loone St. Coroner.	
Accident or Suicide?	Natural.		



Name
in
Full

Aunice W. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>20 Church St.</i>		Town <i>Balti.</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Apr</i>	Day <i>2</i>	Age <i>29</i>	Years	Months <i>10</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Pa</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>20 Church St</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm Thomas</i>					
Father's Name <i>Daniel A Thomas</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Rachel M. Thomas</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Sam S. Wheeler</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Hemorrhage</i>	(93)	How long <i>6 days followed by</i>
Immediate <i>Lobar Pneumonia of Migratory Character</i>		How long <i>6 days (12 days follow)</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes, to the best of my knowledge & belief</i>	Signature of Physician <i>St. C. Hellen M.D.</i>	
Accident or Suicide?	Address <i>3849 Roland Ave Baltimore</i>	

St Mary C

Apr 5-1907

N A Marshall

3539 Falls River

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

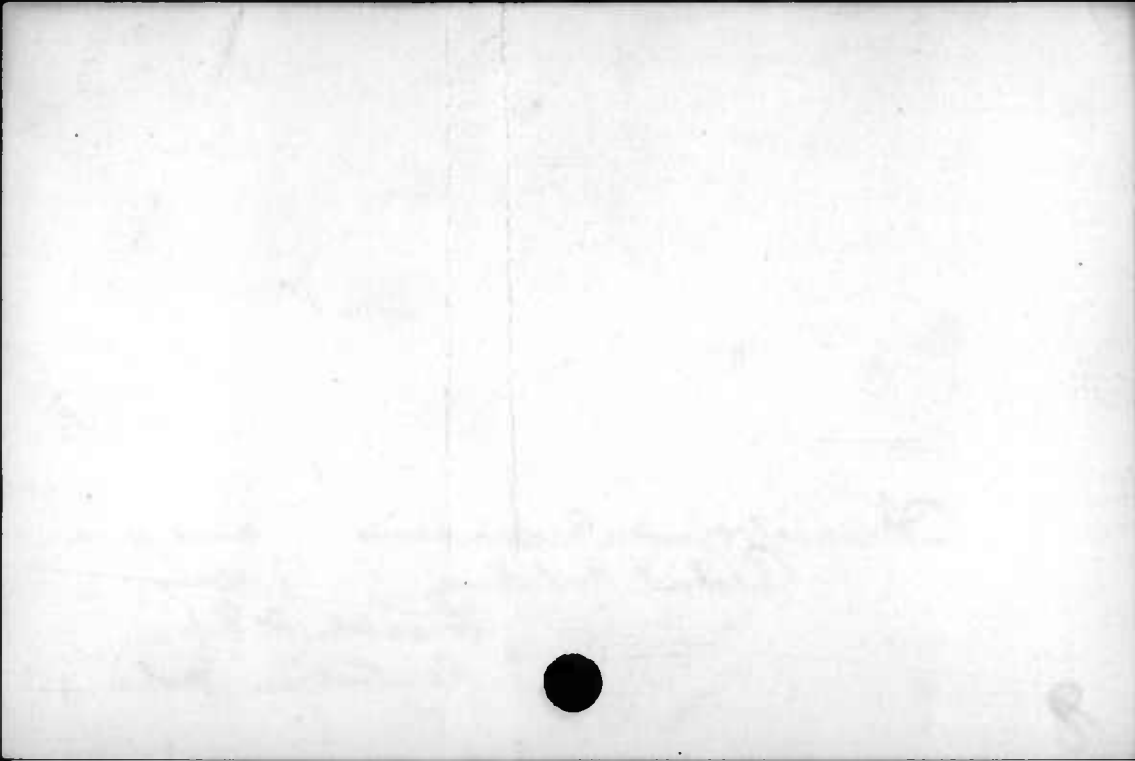
Name in Full <i>Joshua Thomas</i>		Town <i>Balto.</i>		County <i>Alushouse</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>4</i>	Day <i>19</i>	Age <i>unknown</i>	Years <i>unknown</i>	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth place <i>Balto. Co. Alushouse</i>			
Occupation <i>unknown</i>				Where Residing if not at place of death <i>Balto. Co. Alushouse</i>			
Married, Single or Widowed <i>unknown</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Name of person giving information <i>John P. Chilcraft</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>64</i>
Immediate <i>Progressive Paralysis</i>	How long <i>64</i>
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>Dr. Thos. C. Bussey</i>	
Address <i>Pexas Md.</i>	
Accident or Suicide?	



Name
in
Full

Lucy Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i>		County <i>Balto</i>		MARYLAND	
Date of death	1907	Month	April	Day	20
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>North Carolina</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Joseph Tucker</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>Rebecca Hawkins</i>		Mother's Birthplace <i>North Carolina</i>		
Name of person giving information <i>Joseph Tucker</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Chronic Coroner Cardiac Lesions</i>		How long	<i>several years.</i>
Immediate	<i>Cerebral Embolism</i>		How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Franklin D. Orr</i>		
		Address <i>Reisterstown Md.</i>		
Accident or Suicide?				



Name
in
Full

Frouse Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lorson		County Baltimore Co.		MARYLAND	
Date of death		1907	Month Apr.	Day Tuesday	Age 47	Years About	Months Days
Sex Male		Color or Race Black or neg.		Birth- place Prince George's Co.			
Occupation Laborer		Where Residing if not at place of death Lorson					
Married, Single or Widowed		Name of Wife or Husband Adeine Tyler					
Father's Name Smit Iron		Father's Birthplace Prince George's Co. Md.					
Mother's Maiden Name Smit Iron		Mother's Birthplace Prince George's Co. Md.					
Name of person giving In formation Goldus Hinton Col.		How related to deceased None					

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary	Disease of Liver & Portal System	How long 3 or 4 months.
Immediate	Emaciation	How long
Are the name, age, sex, color, date and place correctly given above?		Yes.
Signature of Physician		J. W. Hawkins M.D.
Address		Lorson, Md.
Accident or Suicide?		

undertaken

Robert-A Elliott

Sandy Bottom Tavern

Name
in
Full

Henry Sycurogas Uhler

CERTIFICATE OF DEATH

Died at

Reisterstown

County

Baltimore

MARYLAND

Date

of death 1907

Month

April

Day

2

Age

Years

5-2

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

Hotel Proprietor

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

David L Uhler

Father's
Birthplace

Baltimore Md

Mother's
Maiden Name

Mary A Green

Mother's
Birthplace

Penna

Name of person giving
Information

Marvin F Uhler

How related
to deceased

Brother

CAUSES OF DEATH

64

Primary

Bright's Disease

How long

1 yr.

Immediate

Cerebral Hemorrhage

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

H. M. Slade, M.D.

Address

Reisterstown Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

Oak Lawn Cemetery
Herwig & Son
2/8/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>2</i>	Age <i>2</i> Years	Months <i>5</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore Co.</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John S. Waldheiser</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Cara Furke</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Cara Waldheiser</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>70 days</i>
Immediate <i>Uremic Convulsions</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Suckler</i>
Accident or Suicide? <i>Accident</i>	Address <i>3410 E. Baltimore St Highlandtown Md</i>

Holy Redeemer Cem.

April 24th 1907

Germanus France

Name
in
Full

Margaret Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Melvale</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>Apr.</u>	Day <u>32</u>	Age <u>15</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Balto Md</u>			
Occupation <u>School girl</u>	Where Residing if not at place of death <u>Indust. Home</u>				
Married, Single or Widowed <u>Child</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Not known</u>	Father's Birthplace <u>Not known</u>				
Mother's Maiden Name <u>Not known</u>	Mother's Birthplace <u>Not known</u>				
Name of person giving information <u>Super. Indust. Home</u>	How related to deceased <u>—</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Three months</u>
Immediate <u>Tuberculosis Peritonitis</u>	How long <u>Two months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Winsey MD</u>
	Address <u>1220-2, Fayette St</u> <u>Balto Md</u>
Accident or Suicide? <u>—</u>	

Melvale Homer

Apr 4-1907

9
99

As Mass hall

3539 Falls Road

Name
in
Full

Elizabeth Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

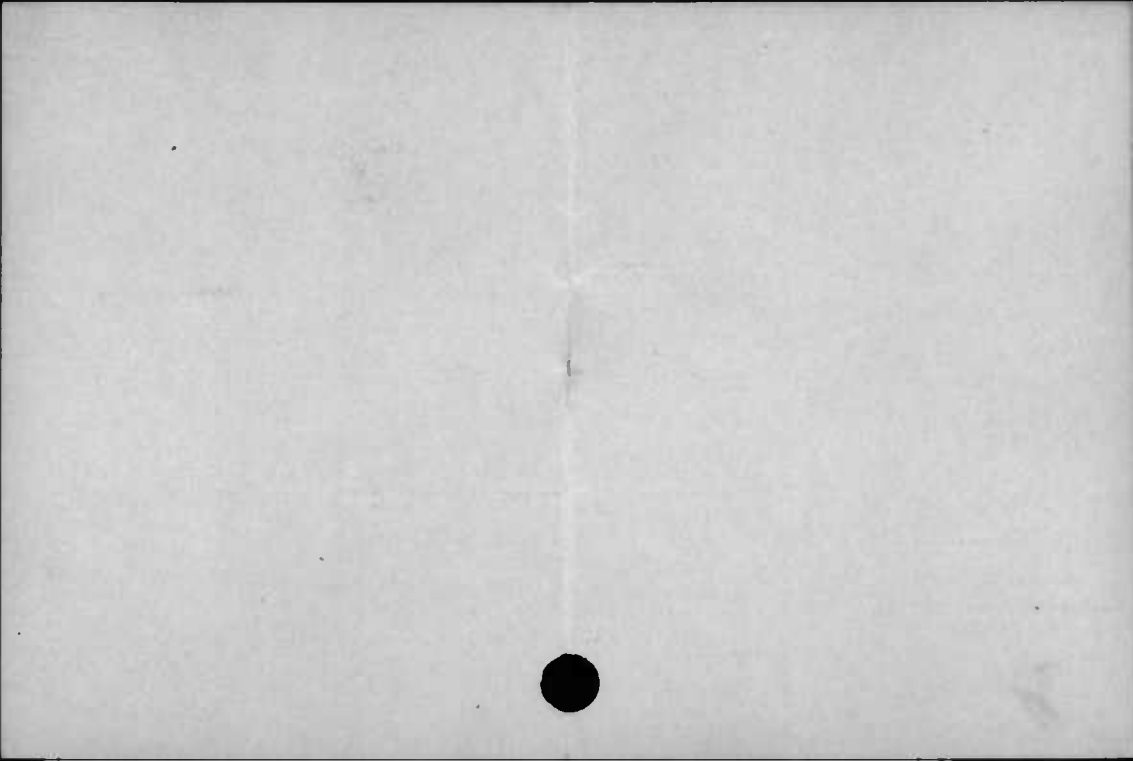
Died at <u>Oregon</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>10</u>	Age <u>77</u> Years	Months <u>11</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cockeysville Md.</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Oregon Md</u>			
Married, Single or Widowed		Name of Wife or Husband <u>Artemas Wheeler</u>			
Father's Name <u>Thos. Bond</u>		Father's Birthplace <u>Don't Know</u>			
Mother's Maiden Name <u>Rachel Griffin</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Thos. B. Wheeler</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

(154)

PHYSICIAN
OR CORONER

Primary <u>Heart Disease</u>	How long <u>Five years</u>
Immediate <u>Debility of Old age</u>	How long <u>One yr</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. D. Drach</u>
	Address <u>Butler Md.</u>
Accident or Suicide?	



Name
in
Full

James Frederick Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Phoenix* Town*Balto* CountyDate of death *1907 April*Day *15*Age *26*Months *4*Days *15*Sex *Male*Color or Race *white*Birth-Place *Black Horse Md*Occupation *Carpenter (House)*

Where Residing if not at place of death

~~Married~~, Single
or ~~Widowed~~

Name of Wife or Husband

Father's Name *James Sumner Field Wheeler*Father's Birthplace *Sunnybrook Md*Mother's Maiden Name *Mrs Coroline Norwick*Mother's Birthplace *Taylor Md*Name of person giving information *Jas S. Wheeler*How related to deceased *Father*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis*How long *Four Months*Immediate *Pulmonary Tuberculosis*How long *Four Months*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr B. B. Danahan*Address *Black Horse Md*

Accident or Suicide?

Interment at Fairview
April 18th 1885

M. C. Brooks

Name
in
Full

Fredericks White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at 202 1st St. Canton

Town

Baltimore

County

Date

of death

1907

Month

April

Day

17th

Age

Years

42

Months

6

Days

30

Sex

female

Color or
Race

white

Birth-
place

Germany

Occupation

housewife

Where Residing if not
at place of deathMarried, Single,
or WidowedName of Wife or
Husband

H. H. White

Father's
Name

Keller

Father's
Birthplace

Germany

Mother's
Maiden Name

Unobtainable

Mother's
Birthplace

Germany

Name of person giving
Information

Mr. H. White

How related
to deceased

husband

CAUSES OF DEATH

120

Primary

Chronic nephritis

How long

about 8 mos.

Immediate

cardiac & general decompensation

How long

about 2 mos

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. H. H. H. H.

Address

Canton & D. H. H. H. Baltimore

Accident or Suicide?

1st Evangelical Sem
H. Sander & Sons

Name
in
Full

Walter E. Winston

CERTIFICATE OF DEATH

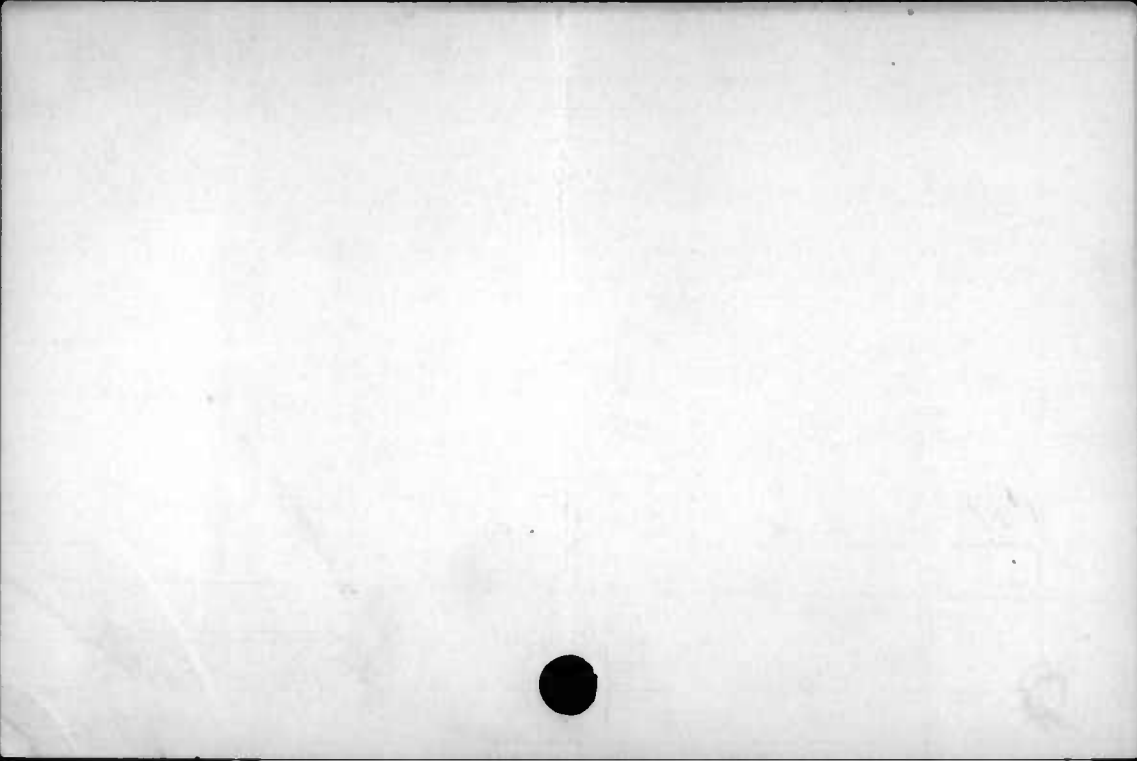
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spinnis Point</i>		Town <i>Spinnis Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>15</i>	Age <i>1</i>	Years <i>1</i>	Months <i>4</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Spinnis Point</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Walter Winston</i>		Father's Birthplace <i>N. C.</i>					
Mother's Maiden Name <i>Busha A. Staton</i>		Mother's Birthplace <i>N. C.</i>					
Name of person giving information <i>Walter Winston</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Muscles</i>	How long <i>24 hours</i>
Immediate <i>Meminitis</i>	How long <i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. C. Reddick M.D.</i>
	Address <i>Spinnis Point Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Ann Wiener

CERTIFICATE OF DEATH

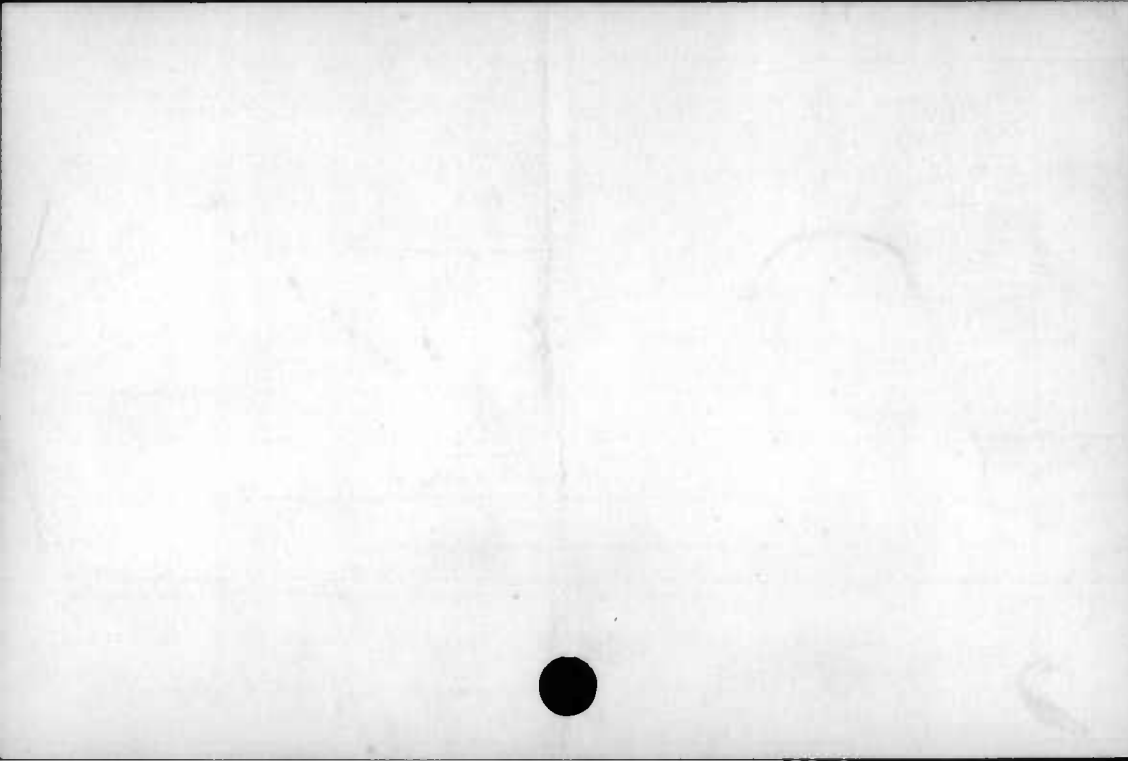
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Linton</u> Town		<u>Balt</u> County		MARYLAND	
Date of death	1907	Month	4	Day	23
Age	95	Years	4	Months	22
Sex	Female	Color or Race	white	Birth-place	md
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband	— Abraham Wiener		
Father's Name	unknown	Father's Birthplace	unknown		
Mother's Maiden Name	unknown	Mother's Birthplace	unknown		
Name of person giving information	Mitchell Carmichael	How related to deceased	son in law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	How long	154
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Jas H Wilson
		Address	Hubbardsburg Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		April	14	61			
Sex		Color or Race		Birth-place			
Male		White		Austria			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Lena Horick					
Father's Name		Father's Birthplace					
Not Known		Not Known					
Mother's Maiden Name		Mother's Birthplace					
Not Known		Not Known					
Name of person giving information				How related to deceased			
Christopher Horick				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asthma	How long	3 days
Immediate	Cardiac Syncope	How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. W. Jones M.D.	
		Address	
		316 O'Connell St	
<input checked="" type="checkbox"/> Accident or Suicide			

1st Evangelical Cong
H. Sander & Son

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Washington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>3</i>	Years <i>77</i>	Months	Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chattanooga Ind.</i>		
Occupation <i>Physician</i>	Where Residing if not at place of death <i>Washington, Ind.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>P. Krack</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Margaret Sticols</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

108

Primary <i>Intestinal Obstruction</i>	How long <i>3 days</i>
Immediate <i>Intestinal Obstruction</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. H. Hartsy</i>
	Address <i>Sta E. City</i>
Accident or Suicide?	

E. Madison Mitchell
London Park—

Name
in
Full

Frank Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grant</u> Town		<u>Bullo</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>apr</u>	Day <u>27</u>	Age <u>31</u>	Years	Months <u>—</u> Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Ind</u>		
Occupation <u>labourer</u>	Where Residing if not at place of death <u>Woodstock Ind</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Annie Young</u>				
Father's Name <u>Wm Young</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Elice Minkis</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Annie Young</u>	How related to deceased <u>wife</u>				

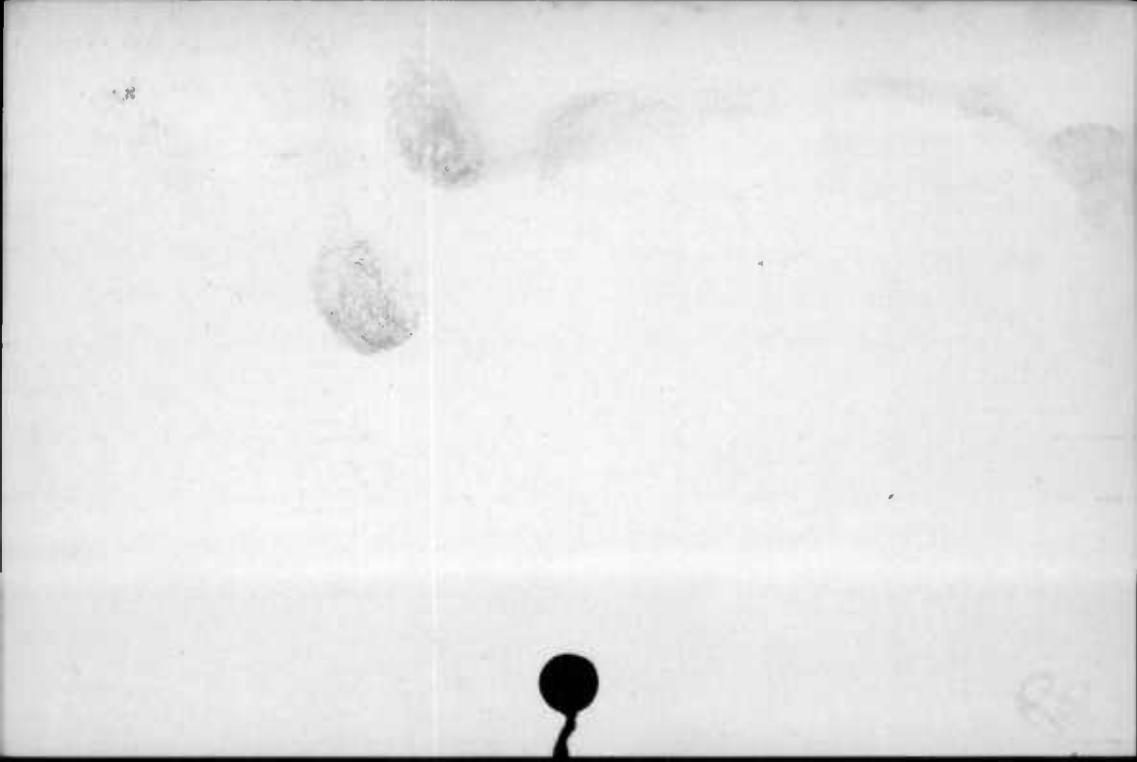
Employed by the W. and G. Granite Co. as Crakeman

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <u>Fractured ribs, lacerated damage</u>	How long <u>few minutes</u>
Immediate <u>Hemorrhage, Shock</u>	How long <u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John J. Isaac</u>
<u>Caught between the bars and crushed.</u>	Address <u>Granite Maryland</u>
Accident or other <u>Accident</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Anatoli Zirkowicz

Died at ^{Town} Mt Hope Retreat		^{County} Mt Hope Baltimore		MARYLAND	
Date of death	1907	Month	Apr	Day	14 th
Age	73	Years		Months	unknown
Sex	Male	Color or Race	White	Birth place	Poland.
Occupation	Clergyman		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	unknown		Father's Birthplace		
Mother's Maiden Name	"		Mother's Birthplace		
Name of person giving information	Reck. Mt Hope		How related to deceased		
			not at all.		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Mania Chronic	How long	over 16 yrs -
Immediate	Ex - Pul. Congest. Convulsions due	How long	3 or 4 days -
Are the name, age, sex, color, date and place correctly given above?		to Chron. Rep. of Physician	
yes		Signature of Physician	
		Address	
		Mt Hope Retreat	
		Baltimore C. Md.	
Accident or Suicide?			

